

Case Number:	CM14-0134665		
Date Assigned:	08/29/2014	Date of Injury:	04/06/2014
Decision Date:	09/26/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/22/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 56-year-old male with a 4/6/14 date of injury. At the time (6/26/14) of the request for authorization for MRI of left ankle and foot, there is documentation of subjective (constant left ankle and foot pain that is usually 5/10 but increases in severity at night with frequent pain on the bottom of the left foot) and objective (moderately obese, decreased left ankle range of motion, using boots for both feet and demonstrated a limp, sensation to fine touch was decreased in all toes of the left foot) findings, current diagnoses (status post fracture of left foot and sprain injury, left ankle), and treatment to date (medication and physical therapy). There is no documentation of a diagnosis of osteochondritis dissecans in cases of delayed recovery and supportive x-ray findings OR suspected osteochondral injury, tendinopathy, or pain of uncertain etiology, where plain films are normal which has not responded to conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI of left ankle and foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-373. Decision based on Non-MTUS Citation ODG-TWC Ankle & Foot Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter, Magnetic resonance imaging (MRI).

Decision rationale: MTUS reference to ACOEM identifies documentation of a diagnosis of osteochondritis dissecans in cases of delayed recovery, as criteria necessary to support the medical necessity of MRI of the ankle. ODG identifies documentation of a condition/diagnosis (with supportive subjective/objective and x-ray findings) for which MRI is indicated [such as: Chronic ankle pain with suspected osteochondral injury, tendinopathy, or pain of uncertain etiology, where plain films are normal which has not responded to conservative treatment], as criteria necessary to support the medical necessity of MRI of the ankle. Within the medical information available for review, there is documentation of diagnoses of status post fracture of left foot and sprain injury, left ankle. In addition, there is documentation of chronic ankle pain. However, there is no documentation of a diagnosis of osteochondritis dissecans in cases of delayed recovery, supportive x-ray findings, OR suspected osteochondral injury, tendinopathy, or pain of uncertain etiology, where plain films are normal which has not responded to conservative treatment.. Therefore, based on guidelines and a review of the evidence, the request for MRI of left ankle and foot is not medically necessary.