

Case Number:	CM14-0097203		
Date Assigned:	07/28/2014	Date of Injury:	05/10/2013
Decision Date:	09/22/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/25/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

The injured worker is a 47-year-old male with a reported date of injury on 05/10/2013. The injury reportedly occurred when the injured worker was standing on a scaffold and it collapsed, and the injured worker fell approximately 6 feet to the ground. His diagnoses were noted to include right ankle sprain/strain with fracture, right foot sprain/strain rule out internal derangement, bilateral knee sprain/strain rule out internal derangement, and lumbosacral sprain/strain rule out disc herniation. His previous treatments were noted to include an ankle splint and an unknown form of other additional treatment. The progress note dated 05/23/2014 revealed complaints of right ankle pain with the fracture, right foot pain, bilateral knee pain, lumbar spine sprain/strain, and poor concentration and memory. The motor strength testing to the ankle was rated 5/5. There were no sensory deficits noted bilaterally to the lower extremities. The physical examination of the foot and ankle noted tenderness to the right cuboid bone, calcaneus dome, and Achilles tendon. The right foot and ankle range of motion was noted to be 10 degrees with pain of dorsiflexion, 30 degrees with pain of plantarflexion, 10 degrees with pain of eversion, and 15 degrees with pain of inversion. The request for authorization form dated 05/28/2014 was for an MRI of the right ankle to rule out internal derangement.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-373.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

Decision rationale: The CA MTUS/ACOEM Guidelines state for most cases presenting with true foot and ankle disorders, special studies are usually not needed until after a period of conservative care and observation. Most ankle and foot problems improve quickly once any red flags or issues are ruled out. Routine testing, lab tests, plain film radiographs of the foot or ankle, and special imaging studies are not recommended during this first month of activity limitation, except when a red flag noted on history or examination raises suspicion of a dangerous foot or ankle condition or of referred pain. In particular, patients who have suffered ankle injuries caused by a mechanism that could result in a fracture can have radiographs if the Ottawa-required criteria are met. This will markedly increase the diagnostic yield for plain radiography. The Ottawa criteria are rules for foot and ankle of radiographic series. An ankle radiograph series is indicated if the injured worker is experiencing pain in the malleolar area or mid foot area. For patients with continued limitations of activity after 4 weeks of symptoms and unexplained physical findings such as effusion or localized pain, especially following exercise, imaging may be indicated to clarify the diagnosis and assist in re-conditioning. Stress fractures may have a benign appearance but point of tenderness over the bone is indicative of the diagnosis and radiograph or bone scan may be ordered. The guidelines state an MRI could be used to identify and define metatarsal fracture or toe fracture in ankle and foot pathology. There was a lack of documentation of failure of conservative care to warrant an MRI. The documentation provided indicated x-rays were taken. However, the results were not submitted within the medical records. Therefore, due to the lack of documentation regarding x-ray results and failure of conservative care, an MRI of the right ankle is not appropriate at this time. Therefore, the request is not medically necessary.