

<b>Case Number:</b>	CM14-0169221		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	02/16/2014
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

### 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 male who sustained an industrial related injury on 2/16/14. The injured worker had complaints of lumbar spine, bilateral hip, bilateral knee, bilateral feet, and right ankle pain. 1+ swelling over the lateral compartment of the right ankle was noted as well as marked tenderness. Limited range of motion in all planes was noted secondary to pain. The neurovascular status was intact distally. Diagnoses included right ankle sprain, right ankle severe ligament tears, and right knee strain rule out meniscal tear and ligament tear. On 10/9/14 the treating physician requested a MRI of the right ankle. On 9/29/14 the request was non-certified. The utilization review physician cited the Official Disability Guidelines and noted there was no indication of acute clinical examination findings or documentation of significant changes in symptoms that would warrant further imaging without further incident or event. Therefore the request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (magnetic resonance imaging) of the Right Ankle:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle Procedure, Magnetic resonance imaging (MRI)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 361-386.

**Decision rationale:** The MTUS Guidelines support the use of MRI of the foot in cases such as to there is a need clarify a complex diagnosis. The literature shows only mild to moderate support when a ligament tear, tendonitis, or neuroma is suspected and other forms of assessment are unable to show the cause of the symptoms and findings. The submitted and reviewed records indicated the worker was experiencing depression and pain in the right hip, knee, and ankle. A MRI imaging report dated 04/18/2014 described findings consistent with the documented symptoms and examination findings. There was no discussion detailing the reasons a repeat MRI would be helpful or describing special circumstances that supported this request. In the absence of such evidence, the current request for a right ankle MRI is not medically necessary.