

<b>Case Number:</b>	CM14-0067009		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	03/07/2014
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine 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:

The injured worker is a 26-year-old male with an original date of injury of March 7, 2014. The worker had twisted his right ankle at work during a slip and fall. When this occurred, there was a pop sound in the right foot and ankle and subsequently swelling developed. The patient was ambulating with crutches and unable to bear weight. Physical examination was significant for positive anterior and posterior drawer signs, ankle tenderness, and ankle edema. The disputed request is for ankle MRI. It is noted that the requesting provider had ordered x-rays and MRI simultaneously. A utilization review determination on April 23, 2014 had noncertified the request for MRI. The rationale for the denial was that "x-ray should typically be performed and assessed first to rule out basic pathology such as fracture before deeming MRI medically necessary."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right ankle:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-3. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot Chapter, Magnetic resonance imaging (MRI)

**Decision rationale:** Regarding the request for MRI of the ankle, ACOEM Practice Guidelines state that special studies are not usually needed until after conservative care, in the absence of red flag conditions. ODG states that the MRI provided more definitive visualization of soft tissue structures including ligaments, tendons, joints capsule, menisci, and joint cartilage structures. Guidelines state that in patients requiring surgery MR imaging is especially useful in planning surgical treatment. Guidelines also state that MRI has a very high specificity and positive predictive value in diagnosing tears of the anterior talofibular ligament, calcaneofibular ligament and osteochondral lesions. Within the documentation available for review, it is clear the patient has failed negative x-rays (3 views) of the ankle as documented in the addendum to the Doctor's First Report of Occupational Injury. The lack of x-ray findings was the initial objection the utilization reviewer had cited. The continued pain and dysfunction was documented on March 25, 2014. The patient continues with difficulty walking, swelling of the ankle, and the mechanism of injury leads to concerns about ankle ligament tear. As such, the currently requested ankle MRI is medically necessary.