

<b>Case Number:</b>	CM15-0013682		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	05/09/2014
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 who reported an injury on 05/09/2014. The mechanism of injury involved a motor vehicle accident. The injured worker is currently diagnosed with left sided chest wall sprain, and left sided fractured ribs. On 11/07/2014, the injured worker presented for a followup evaluation. It was noted that the injured worker had completed 2 out of 6 approved physical therapy sessions with an improvement in symptoms. The injured worker was tolerating modified duty. Additionally, the injured worker was participating in a home stretching program. Upon examination, there was tenderness to palpation over the left chest wall in the mid lateral aspect, improved from the previous visit. Recommendations at that time included a followup with the primary care physician and continuation of work restrictions. A Request for Authorization form was then submitted on 01/07/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the Left Ankle without Contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 372, 375.  
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle Chapter

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

**Decision rationale:** California MTUS/ACOEM Practice 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. Within the documentation provided, there was no evidence of a recent physical examination of the left ankle. It was noted that the injured worker had participated in a short course of physical therapy with an improvement in symptoms. There was no documentation of a significant functional deficits with regard to the left ankle. The medical necessity has not been established in this case. Therefore, the request is not medically appropriate at this time.