

Case Number:	CM15-0115774		
Date Assigned:	06/24/2015	Date of Injury:	06/04/2009
Decision Date:	07/24/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/16/2015

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, Pain Management

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 40 year old female who sustained an industrial injury on 06/14/09. Initial complaints and diagnoses are not available. Treatments to date include medications, physical therapy, and SynVisc injections to the knee. Diagnostic studies include an electrodiagnostic study of the bilateral lower extremities on 12/16/14. Current complaints include bilateral knee pain. Current diagnoses include sprain of the knee/leg, pain in the joint involving the lower leg, and chondromalacia of patella. In a progress note dated 05/01/15, the treating provider reports the plan of care as additional Synvisc injections to the right knee. The requested treatments include a MRI of the left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left 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), MRI foot/ankle.

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

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 appears the provider has order a left sided ankle MRI to rule out calcaneal stress fracture. However, there is documentation of red flag symptoms, no indication of failed physical therapy or conservative treatments, and no plan for future surgical intervention. Furthermore, there is no recent x-ray for the evaluation of left foot pain. As such, the currently requested ankle MRI is not medically necessary.