

<b>Case Number:</b>	CM15-0117935		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	11/17/2012
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 51 year old female with a date of injury on 11-17-12. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral hand pain and right foot pain. Progress report dated 4-23-15 reports continued complaints of hand and right ankle pain. She has carpometacarpal arthritis of the thumb causing pain. She reports trouble with mobility due to right ankle pain. The plan is for arthroscopy of the right ankle and removal of hardware and then an MRI. Treatments include: medication, physical therapy, acupuncture and right foot surgery due fracture. Request for authorization was made for MRI of right ankle. Utilization review dated 5-19-15 non-certified the request.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ankle and foot (acute and chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Complaints, Imaging MRI.

**Decision rationale:** Per the CA MTUS/ACOEM, Chapter 14 Ankle and Foot complaints, page 374, magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. According to the ODG criteria, Ankle and Foot Complaints, Imaging MRI, criteria includes workup with foot pain when plain films are negative. Based upon the clinical information submitted and the guidelines cited above, the decision is for non-certification for the request for the MRI of the ankle. There is insufficient evidence in the records of plain radiographs showing suspicion of osteochondritis dissecans from the records of 4/23/15. Therefore the determination is not medically necessary.