

<b>Case Number:</b>	CM15-0120484		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	12/13/2012
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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 (IW) is a 26-year-old female who sustained an industrial injury on 12/13/2012. She reported a slip and fall with injury to the right side neck, right ankle, right shoulder and right elbow, a right parietal skull contusion, and loss of consciousness for 5 minutes. The injured worker was diagnosed as having a head injury, unspecified, neck sprain and strain, and sprain and strain of the deltoid of the ankle. Treatment to date has included physical therapy of the right ankle and lower back, acupuncture, referral to a neurologist, and epidural steroid injection to the lower back. Currently, the injured worker complains of pain, swelling and instability with multiple falls. She also complains of pain in the right posterior shoulder girdle and depression. On exam, the right ankle was tender with mildly positive anterior drawer sign, and the right posterior scapula was found to be tender with spasm and decreased range of motion. On 05/14/2015, the treatment plan was for a MRI of the right ankle rule out ligamentous injury, and acupuncture of the right spine and right shoulder girdle. Additional plans were for a structured weight loss program and a psyche medication. A request for authorization is made for the following: 1. MRI of the right ankle, and; 2. Acupuncture of cervical spine and right shoulder Qty: 6.

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

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

**Decision rationale:** Regarding the request for MRI of the right ankle, Occupational Medicine this Guidelines state that special studies are not usually needed until after conservative care, in the absence of red flag conditions. ODG cites that indications for MRI include chronic ankle pain with normal plain films when there is suspected osteochondral injury, tendinopathy, or pain of uncertain etiology. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Within the documentation available for review, the patient has a long history of ankle pain. Recently, there has apparently been an increase in instability with multiple falls and the presence of a mildly positive anterior drawer sign on exam. Given the recent increase in symptoms and findings, the criteria for repeat MRI are met. As such, the currently requested right ankle MRI is medically necessary.