

Case Number:	CM15-0127718		
Date Assigned:	07/14/2015	Date of Injury:	09/19/2011
Decision Date:	08/24/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/02/2015

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: Massachusetts

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 67 year old male, who sustained an industrial injury on 09/19/2011. He has reported injury to the right hand/wrist, bilateral knees, and bilateral ankles. The diagnoses have included wrist joint inflammation on the right with the MRI showing full-thickness cartilage loss on the radiocarpal joint and also along the radial attachment of the TFCC (triangular fibrocartilage complex ligament); stenosis tenosynovitis along the first extensor compartment on the right; triggering along the thumb on the right; mild carpometacarpal joint inflammation; numbness and tingling along the upper extremities; triggering along the thumb on the left; internal derangement of the knee bilaterally with the MRI showing medial meniscal tear bilaterally; and chronic pain syndrome. Treatment to date has included medications, diagnostics, bracing, injections, and physical therapy. Medications have included Ultracet, Naproxen, Effexor XR, Trazodone, and Protonix. A progress report from the treating physician, dated 06/22/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of persistent injuries to the right wrist and hand, right and left knee, and both ankles; swelling along the ankle and throughout the instep with pain; he still has not been treated for his ankles; he did receive injections to both knees, as well as knee braces, which helped him significantly and reduced his pain by 30-40%; and these have helped him to be able to do prolonged standing and walking. Objective findings included he has tenderness along the ligament bilaterally with swelling present; he also has mild pain along the instep of the feet bilaterally; his knee pain is doing better as swelling is down; he still has pain with joint line and tingling on both wrists, carpometacarpal, and first extensor; and there is mild tenderness along the carpal tunnel. The

treatment plan has included the request for MRI without contrast for left ankle; and MRI without contrast for right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast for left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic) Magnetic resonance imaging (MRI).

Decision rationale: The claimant sustained a work injury in September 2011 and continues to be treated for right wrist and hand and bilateral knee and bilateral ankle pain. When seen, he was having ankle pain and swelling. Gout had been ruled out. Physical examination findings included mild ankle swelling with bilateral ligament tenderness. There was mild pain over the instep bilaterally. X-rays are referenced as having shown arthritis. Authorization for MRI scans of both ankles was requested for evaluation of swelling and debilitating pain. Applicable criteria for obtaining an MRI of the ankle include chronic ankle pain when plain films are normal. In this case, x-rays have already been obtained showing findings of arthritis. The requested MRI scans of the ankles are not medically necessary.

MRI without contrast for right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic) Magnetic resonance imaging (MRI).

Decision rationale: The claimant sustained a work injury in September 2011 and continues to be treated for right wrist and hand and bilateral knee and bilateral ankle pain. When seen, he was having ankle pain and swelling. Gout had been ruled out. Physical examination findings included mild ankle swelling with bilateral ligament tenderness. There was mild pain over the instep bilaterally. X-rays are referenced as having shown arthritis. Authorization for MRI scans of both ankles was requested for evaluation of swelling and debilitating pain. Applicable criteria for obtaining an MRI of the ankle include chronic ankle pain when plain films are normal. In this case, x-rays have already been obtained showing findings of arthritis. The requested MRI scans of the ankles are not medically necessary.