

Case Number:	CM15-0174771		
Date Assigned:	09/16/2015	Date of Injury:	05/18/2012
Decision Date:	10/22/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/04/2015

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 57-year-old male who sustained industrial injuries on May 18, 2012. Diagnosis for this injury is right foot strain. The May 18, 2015 physician report states he has received "No treatment specifically for right foot or ankle," and subsequent documentation on this injury does not include legible mention of treatment. The injured worker complains of worsening right ankle and foot pain, stating instability. Examination revealed dorsiflexion-plantar flexion of ankle 10 degrees-40 degrees and crepitus and grinding with circumduction maneuvers with no swelling noted. The treating physician's plan of care includes an MRI of the right ankle, which was denied August 20, 2015. The injured worker is noted to have been out of work for over two years.

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 Ankle and Foot Complaints 2004.

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 chapter under Magnetic resonance imaging (MRI).

Decision rationale: The current request is for an MRI OF THE RIGHT ANKLE. The RFA is dated 07/29/15. The treater states that this patient has not received specific treatment for the right ankle complaints. The patient is not working. ODG guidelines, Ankle & Foot chapter under Magnetic resonance imaging (MRI) state: Recommended as indicated below. MRI provides a more definitive visualization of soft tissue structures, including ligaments, tendons, joint capsule, menisci and joint cartilage structures, than x-ray or Computerized Axial Tomography in the evaluation of traumatic or degenerative injuries. The guidelines also state that imaging is indicated due to chronic foot pain if plain films are normal and there is pain and tenderness over navicular tuberosity or the tarsal navicular with burning pain and paresthesias along the plantar surface of the foot and toes to suspected of having tarsal tunnel syndrome or pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspected. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Per report 07/29/15, the patient presents with worsening of right ankle and foot pain, and noted instability. Examination revealed dorsiflexion-plantar flexion of ankle 10 degrees-40 degrees and crepitus and grinding with circumduction maneuvers with no swelling noted. The patient has a listed diagnosis of right foot strain. The treating physician's plan of care included an MRI of the right ankle "to evaluate internal derangement." Provided progress reports do not indicate that prior MRI of the right ankle has been done. ODG supports the use of MRIs for ankle pain as it "provides a more definitive visualization of soft tissue structures, including ligaments, tendons, joint capsule, menisci and joint cartilage structures, than x-ray or Computerized Axial Tomography." Given the patient's complaints of increase in pain and instability, the request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.