

Case Number:	CM15-0026112		
Date Assigned:	02/18/2015	Date of Injury:	03/20/2012
Decision Date:	04/01/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/11/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 55 year old female, who sustained an industrial injury on 3/20/12. She has reported neck, knee and bilateral ankle injuries. The diagnoses have included bilateral ankle pain, ankle strain/sprain. Treatment to date has included medications, injections of knee, conservative care, cervical fusion surgery, bone stimulator, and diagnostics. Surgery has included cervical fusion 5/2014. Currently, the injured worker complains of persistent bilateral ankle pain. She reports worsening of her symptoms. She states that she cannot stand or walk for long periods of time. There has been no new trauma since her injury. Physical exam of bilateral ankles revealed pain bilaterally, negative anterior drawer, swelling in the region of the sinus tarsi and anterior talofibular ligament laterally. There were no noted recent diagnostics. The physician noted that she appears to have soft tissue pathology which would be evaluated by Magnetic Resonance Imaging (MRI). On 1/21/15 Utilization Review non-certified a request for MRI of the bilateral ankle noting that the Official Disability Guidelines, Ankle & Foot-Magnetic resonance imaging (MRI) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the bilateral 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, Ankle & Foot-Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 375-77.

Decision rationale: According to the guidelines, x-rays are recommended for acute ankle injuries. Further radiographic evaluation is recommended if there is ankle effusion > 13 mm anteriorly. The claimant's injury was 2 yrs ago. There was pain and swelling in the ankles but no mention of quantitative effusion. Physical exam is more diagnostic of ligament tear or neuroma than an MRI. Bone scans and CT scans are more reliable for fractures over an MRI. As a result, the request for an MRI is not medically necessary.