

Case Number:	CM15-0026468		
Date Assigned:	02/18/2015	Date of Injury:	02/27/2014
Decision Date:	04/02/2015	UR Denial Date:	02/03/2015
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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 60 year old female, who sustained an industrial injury on February 27, 2014. The injured worker sustained a crush injury to her right tibia related to a fall. The diagnoses have included right ankle sprain/strain and a right ankle contusion. Treatment to date has included pain medication, x-rays, MRI of the right shin and heat and cold treatments. The MRI of the right shin revealed mild edema of the subcutaneous tissue of the medial to right lower shin. Current documentation dated January 6, 2015 notes that the injured worker complained of burning in the right leg and foot. Examination of the right lower extremity revealed tenderness to palpation over the distal third of the tibia. Burning was noted with light touch into the ankle and forefoot of the right foot. She had good muscle strength and muscle strength testing. On February 3, 2015 Utilization Review non-certified a request for an initial MRI of the right ankle. The MTUS, ACOEM Guidelines, were cited. On February 11, 2015, the injured worker submitted an application for IMR for review of an initial MRI of the right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial MRI of the right ankle: Upheld

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

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

Decision rationale: According to MTUS guidelines, MRI of the ankle is recommended in case of tendinitis, neuroma and ligament tear. There is no clinical evidence to support all these diagnosis. Therefore, the request of right ankle MRI is not medically necessary.