

<b>Case Number:</b>	CM15-0035742		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	03/11/2014
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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, Alabama, 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 22-year-old female, who sustained an industrial injury on 3/11/14. She reported left ankle pain, left foot pain, and swelling. The injured worker was diagnosed as having non-displaced fracture of the fibula and malleolus, bone contusions to medial malleolus and posterior portion of the calcaneus, soft tissue derangement of anterior talofibular ligament of the left ankle, and left lower extremity edema. Treatment to date has included left ankle boot, use of crutches, and physical therapy. The most recent medical report provided, dated 9/17/14, noted normal circulation, neurological status, dermatological status, and satisfactory range of motion of the left lower extremity including the ankle and subtalar joint. No pain was noted with palpation of the ankle and there was no gross edema. A MRI of the left ankle obtained on 3/27/14 revealed an acute non-displaced fracture of the distal fibula. A report dated 8/11/14 noted the injured worker complained of early morning left ankle stiffness and soreness. The treating physician requested authorization for a MRI for the left ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI for the left 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 a MTUS guidelines, ankle and foot MRI is indicated in case of ligament tear or tendinitis. The patient did have an MRI of the left ankle on March 27, 2014 and there is no documentation of significant change in symptoms and/or findings suggestive of new pathology. Therefore, the request for MRI of the left ankle is not medically necessary.