

Case Number:	CM15-0064395		
Date Assigned:	04/10/2015	Date of Injury:	09/14/1998
Decision Date:	05/13/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/06/2015

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: Texas, 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 65 year old male, who sustained an industrial injury on 9/14/1998. He reported sharp pain in his right ankle when descending a ladder. Diagnoses have included lumbago and right ankle sprain with Achilles tendon injury. Treatment to date has included lumbar surgery and medication. According to the progress report dated 2/11/2015, the injured worker complained of constant pain in the low back with radiation into the lower extremities. The pain was rated 8/10. Physical exam revealed tenderness to palpation of the lumbar paravertebral muscles. Lumbar range of motion was guarded and restricted and positive SLR. There was tingling and numbness in the lateral thigh, anterolateral and posterior leg as well as foot. There was 3-4/5 strength in the extensor hallucis longus (EHL) and ankle plantar flexors, L5 and S1 innervated muscles. Ankle reflexes were asymmetric. Authorization was requested for right ankle magnetic resonance imaging (MRI). The patient's surgical history include right tendoachilis surgery in 1999, spinal cord stimulator implant in 2000, low back surgery in 2004, left shoulder arthroscopy in 2007, left CTR in 2009, right trigger finger release in 2012, left TKR in 2012, patient has received an unspecified number of PT visits for this injury. The medication list includes Hydrocodone, Lorazepam, Gabapentin, trazodone and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) Right 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 (online version) - Indications for Imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-373.

Decision rationale: Request: MRI (magnetic resonance imaging) Right Ankle. Per cited guidelines, "For most cases presenting with true foot and ankle disorders, special studies are usually not needed until after a period of conservative care and observation. Most ankle and foot problems improve quickly once any red-flag issues are ruled out. Routine testing, i.e., laboratory tests, plain-film radiographs of the foot or ankle, and special imaging studies are not recommended during the first month of activity limitation, except when a red flag noted on history or examination raises suspicion of a dangerous foot or ankle condition or of referred pain. For patients with continued limitations of activity after four weeks of symptoms and unexplained physical findings such as effusion or localized pain, especially following exercise, imaging may be indicated to clarify the diagnosis and assist reconditioning. Stress fractures may have a benign appearance, but point tenderness over the bone is indicative of the diagnosis and a radiograph or a bone scan may be ordered. Disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies, e.g., magnetic resonance imaging (MRI)." Any of these indications that would require a MRI of the left ankle were not specified in the records provided. A recent right ankle joint x-ray report was not specified in the records provided. Any finding indicating red flag pathologies were not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Details of these conservative treatments and response to the physical therapy were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. A plan for an invasive procedure of the right ankle was not specified in the records provided. The medical necessity of the request for MRI (magnetic resonance imaging) Right Ankle is not fully established in this patient. Therefore, the request is not medically necessary.