

Case Number:	CM15-0066813		
Date Assigned:	04/14/2015	Date of Injury:	03/27/2011
Decision Date:	05/27/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/08/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 48 year old, male who sustained a work related injury on 3/27/11. The diagnoses have included osteochondral lesion of the talus and status post ankle surgery. The treatments have included right ankle surgery, use of an ankle brace, home exercises, modified work duty and x-rays. In the PR-2 dated 2/12/15, the injured worker complains of occasional sharp pain in ankle. He continues to improve. He is 10 months postoperative. The treatment plan is to obtain an MRI of ankle.

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, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI right ankle as an outpatient is not medically necessary. MRI provides a more definitive visualization of soft tissue structures, including ligaments, tendons, joints capsule, menisci and joint cartilage structures that x-ray or CT scan in the evaluation of traumatic with the generative injuries the majority of patients with heel pain can be treated conservatively, but cases requiring surgery MR imaging is useful. MRI reliably detects acute tears of the anterior talo-fibular ligament and calcanealfibular ligament. Indications for MRI imaging include, but are not limited to, chronic ankle pain, suspect osteochondral injury with normal plain films; suspected tendinopathy, plain films normal; pain of uncertain etiology, plain films normal; etc. See the guidelines for additional details. In this case, the injured workers working diagnosis is 10 months status post medial malleolus osteotomy with ACI for osteochondral lesion of the talus. According to a February 12, 2015 progress note, the injured worker is 10 months post surgery, doing well, continues to improve and works full time at Magic Mountain. Objectively, the injured worker has no significant abnormalities noted on physical examination. The rationale for the MRI, according to the treating provider, is to look at cartilage restoration. This is not an appropriate clinical indication for an MRI of the right ankle. Clinically, the injured worker is doing very well, ambulating in his return to work. Consequently, absent compelling clinical documentation to support a repeat MRI of the right ankle, MRI right ankle as an outpatient is not medically necessary.