

<b>Case Number:</b>	CM15-0066848		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	06/07/2013
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 45-year-old male, who sustained an industrial injury on 06/07/2013. The initial complaints or symptoms included left, bilateral knees and low back pain/injury. The injured worker was diagnosed as having left tibial and fibula fracture, lumbar spine strain. Treatment to date has included conservative care, medications, x-rays, MRIs, conservative therapies, and left lower extremity surgeries (x7). Currently, the injured worker presented for status post left leg fracture, lumbar spine strain, and bilateral knee pain with ongoing pain to these areas. The diagnoses include status post left tibia and fibula fracture with 7 previous surgeries, lumbar spine strain/sprain, bilateral knee pain, and left ankle sprain. The treatment plan consisted of MRI of the left ankle without contrast, and follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI left ankle without contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**Decision rationale:** The ACOEM Chapter 14 on Ankle indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is no rationale provided to support the request for an ankle MRI. Therefore, at this time, the requirements for treatment have not been met, and medical necessity has not been established.