

Case Number:	CM15-0068388		
Date Assigned:	04/16/2015	Date of Injury:	08/01/2011
Decision Date:	05/19/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/10/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 08/01/2011. Current diagnoses include right ankle distal fibula and posterior malleolus fracture and posterior right ankle impingement-post arthroscopic debridement. Previous treatments included medication management, right ankle surgery, and physical therapy. Previous diagnostic studies included x-rays and an MRI. Initial complaints included right distal fibula and posterior malleolus fracture. Report dated 03/09/2015 noted that the injured worker presented with complaints that included aching in the posterior ankle with cold weather. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included request for an MRI and possible treatment may include arthroscopic versus open posterior/anterior ankle debridement/decompression. Disputed treatment includes MRI of the right ankle without contrast

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 without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ankle & Foot chapter, MRI's.

Decision rationale: The 22 year old patient presents with right ankle distal fibula and posterior malleolus fracture along with posterior right ankle impingement, as per progress report dated 03/09/15. The request is for MRI OF THE RIGHT ANKLE WITHOUT CONTRAST. The RFA for the case is dated 03/14/15, and the patient's date of injury is 08/01/11. The patient is status post right ankle arthroscopic debridement on 02/27/13, as per progress report dated 03/09/15. The patient was declared maximally medically improved on 06/10/13 and is working without restrictions, as per the same progress report. Regarding MRI of the foot/ankle, ODG guidelines, chapter 'Ankle & Foot' and topic 'Magnetic resonance imaging (MRI)', state that imaging is indicated due to chronic foot pain if plain films are normal and there is pain and tenderness over navicular tuberosity or the tarsal navicular with burning pain and paresthesias along the plantar surface of the foot and toes to suspected of having tarsal tunnel syndrome or pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspected. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, only one progress report dated 03/09/15 has been provided for review. As per the report, the patient has done fairly well and was even able to run a one half marathon in November 2014. X-rays taken during the visit revealed significant posterior and a smaller anterior distal tibia overhanging osteophyte without tibiotalar joint space narrowing and loose bodies. The patient did experience some pain in the cold weather but has no pain at this time due to warmer temperatures. In the same report, the treating physician states that the patient will require further evaluation if she begins to experience pain irrespective of the weather, Nonetheless given the lack of red flags or specific indications for MRI at this point in time the request for MRI IS NOT medically necessary.