

<b>Case Number:</b>	CM15-0078306		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	07/17/2014
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 39-year-old who has filed a claim for lower leg and knee pain reportedly associated with an industrial injury of July 17, 2014. In a Utilization Review report dated April 17, 2014, the claims administrator failed to approve a request for MRI imaging of the lower extremity. The claims administrator referenced a January 27, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In a progress note dated December 11, 2014, the applicant was described as having ongoing complaints of right leg pain five months status post crush injury resulting in minimally displaced fibular fracture. The applicant was able to walk a couple of blocks, but was still using a cane to move about. Some residual edema was noted about the right lower leg. The applicant was placed off of work, on total temporary disability. On January 27, 2015, the applicant reported ongoing complaints of right lower leg pain. The attending provider stated that the applicant's pain complaints were confined to the site of the crush wound. X-rays apparently demonstrated callus formation about the mid-fibular shaft, it was reported. The attending provider stated that the applicant was suffering from soft tissue pathology despite of the wound. The attending provider stated that it was not clear whether the applicant had a deep wound infection, osteomyelitis, and/or normal healing after relatively major traumatic event. Physical therapy for desensitization purposes and MRI imaging of lower extremity were endorsed, along with further x-rays of the tibia-fibula. Laboratory testing including ESR, CRP, and CBC were sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Imaging (MRI) of the right lower extremity with contrast:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed, Ankle and Foot Disorders, page 1336.

**Decision rationale:** Yes, the request for MRI imaging of the lower extremity was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 14, page 374, MRI imaging may be helpful to clarify diagnosis such as osteochondritis dissecans in cases of delayed recovery. Here, the applicant had significant pain complaints about the right lower extremity on or around the date of the request, January 27, 2015, i.e., some six months removed from the date the applicant had sustained mid tibial fracture. The attending provider speculated that various items were on the differential diagnoses list, including osteomyelitis, deep wound infection, slowly healing fibular fracture, etc. The attending provider stated that he is at a loss to explain the applicant's slow progression. The Third Edition ACOEM Guidelines Ankle and Foot Chapter also notes that MRI imaging is recommended in the evaluation of distal lower extremity fractures, especially in those individuals in whom stability of the fracture is uncertain and MRI imaging will guide the management decision. Here, the treating provider did seemingly suggest that management was uncertain. The treating provider speculated that the applicant could have various issues responsible for his delayed recovery, including osteomyelitis, slowly healing fracture, occult infection, etc. The treating provider, thus, did strongly suggest that MRI imaging would influence the treatment plan. Therefore, the request was medically necessary.