

Case Number:	CM15-0091858		
Date Assigned:	05/18/2015	Date of Injury:	12/18/2011
Decision Date:	06/19/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/12/2015

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:

This 35 year old woman sustained an industrial injury on 12/18/2011. The mechanism of injury is not detailed. Evaluations include MRI of the knee dated 2/23/2012 and 10/19/2012. Diagnoses include chronic anterior talofibular ligament sprain. Treatment has included oral and topical medications, Supartz injections, and surgical interventions. Physician notes dated 3/31/2015 show complaints of worsening right ankle and lateral knee pain. Recommendations include right ankle MRI. The medication list include pamelor and Ibuprofen. The patient's surgical history include right ankle ACL reconstruction on 3/30/12 and right knee surgery on 12/12/12. Patient has received an unspecified number of PT visits for this injury. Per the doctor's note dated 4/28/15 patient had complaints of right knee and right ankle pain. Physical examination of the right ankle revealed tenderness on palpation, swelling and positive anterior drawer test.

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 per 03/31/2015 order: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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

Decision rationale: MRI of the right ankle per 03/31/2015 order. 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)." Indications that would require a MRI of the right 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 bilateral ankle was not specified in the records provided. The medical necessity of the request for MRI of the right ankle per 03/31/2015 order is not fully established in this patient.