

<b>Case Number:</b>	CM15-0092842		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	03/17/2015
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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: 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:

The injured worker is a 46-year-old male, who sustained an industrial injury on 3/17/15. He reported left leg injury after left foot slipped off a step. The injured worker was diagnosed as having left ankle sprain. Treatment to date has included oral medications including Advil and Norco, physical therapy and cam-walker. Currently, the injured worker complains of pain in Achilles tendon area and pain with swelling on lateral side of left ankle. There is essentially no improvement since prior visit. Physical exam noted tenderness of left ankle joint on lateral side and tenderness of Achilles tendon with mild swelling on lateral side. A request for authorization was submitted for (MRI) magnetic resonance imaging of left ankle and a knee scooter rental for one month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of left ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): Tables 14-1, 14-2 and 14-5.

**Decision rationale:** The MTUS/ACOEM Guidelines comment on the evaluation and management of patient's with an ankle injury. As part of the assessment the clinician should determine if there are any red flags which could be evidence for a serious underlying condition. These red flags are described in Table 14-1. In this case, there is no documentation to indicate that the patient has any of the above cited red flag conditions. Table 14-2 describes the diagnostic criteria for non-red flag conditions which may be managed by the primary care treating physician. For ankle sprains, such as described in this case, a plain radiograph is deemed sufficient. Table 14-5 describes the ability of various techniques to identify and define the source of the patient's ankle pain. For ankle sprains, an MRI is not recommended. In this case, there are no red flag signs presented in the medical record to suggest that the patient has a more serious underlying condition. There are no physical examination findings described that suggest a more serious condition than an ankle sprain that has not had sufficient time to allow for conservative measures to resolve the patient's problem. There are no findings on the plain films that were taken to suggest that there is an underlying condition that is being overlooked. For these reasons, an MRI of the left ankle is not medically necessary at this time.

**1 Month rental of knee scooter related to left ankle:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Knee and Leg.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): Table 14-3 and 14-6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The MTUS/ACOEM Guidelines, Chapter on Ankle and Foot Complaints, describes the methods of symptom control for ankle sprains in Table 14-3. For ankle sprains, the relevant diagnosis in this case, the MTUS guidelines encourage partial weight bearing as a component of the treatment of this condition. Table 14-6 of these MTUS Guidelines provides a summary of recommendations for evaluating and managing ankle complaints. Regarding the use of immobility devices, such as a knee scooter, the MTUS guidelines do not recommend their use. Specifically, they state that such devices place the patient at risk for debilitation due to nonuse. In summary, the above cited MTUS guidelines encourage partial weight bearing as part of the treatment for this patient's ankle sprain. The records indicate that the patient has been provided with the devices necessary to comply with partial weight bearing. The MTUS guidelines do not support the use of immobility devices such as a knee scooter, which would prevent partial weight bearing. The records also do not indicate that the time frame of recovery for this patient's ankle sprain has exceeded what would be expected for such an injury. For these reasons, a one month rental of a knee scooter is not medically necessary.