

<b>Case Number:</b>	CM15-0096262		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	11/27/2013
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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: Connecticut, California, Virginia  
 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 injured worker is a 31 year old female, who sustained an industrial/work injury on 11/27/13. She reported initial complaints of right knee pain. The injured worker was diagnosed as having right knee contusion; pain in joint, lower leg. Treatment to date has included medication, physical therapy sessions, surgery (right knee arthroscopic meniscectomy on 9/15/14), and functional restoration program. MRI results were reported right knee contusion or degenerative posterior horn medial meniscus without destabilizing tear, early chondromalacia of the patella and mild chronic quadriceps stress response. X-Rays results were reported of the right knee that was negative for fracture. Currently, the injured worker complains of chronic right knee and left ankle pain rated 8/10 for ankle pain. There is anxiety and depression. Per the primary physician's progress report (PR-2) on 4/30/15, ankle dorsiflexion and plantar flexion strength is 5/5, tenderness to palpation of the fibula below calcaneal ligaments, and able to weight bear. Current plan of care included diagnostic MRI and modified duty. The requested treatments include MRI of the right ankle.

### 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:** 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): 372-375.

**Decision rationale:** The MTUS ACOEM guidelines discuss imaging modalities in cases of foot and ankle pain. In this case, the patient has been diagnosed with ATFL strain. It is not apparent that plain film radiographs were examined prior to consideration of advanced imaging, and with physical therapy ongoing, it would be valuable for the request to be considered after completion of therapy in order to facilitate evaluation of treatment success or failure. While an MRI may eventually be an appropriate modality, there is no evidence in the provided records that other imaging has been attempted prior to the request for MRI, and therefore the request is not considered medically necessary at this time.