

Case Number:	CM15-0099967		
Date Assigned:	06/02/2015	Date of Injury:	10/21/2014
Decision Date:	07/08/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/22/2015

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: New Jersey, New York
 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 was a 28-year-old male, who sustained an industrial injury, October 21, 2014. The injury was sustained when the injured worker's right ankle became pinned behind a tractor trailer at work. The injured worker previously received the following treatments: cane walker, Ibuprofen, right foot x-rays, right ankle x-rays, thoracic spine x-rays normal, right knee x-ray normal, right hip x-ray normal, Tramadol, right knee MRI questionable lateral meniscus tear; this was not where the injured worker's knee pain was, thoracic spine MRI was negative and 6 sessions of physical therapy for the right ankle. The injured worker was diagnosed with calcaneal fracture, right ankle fracture, radiculopathy of the thoracic region and quadriceps muscle strain. According to progress note of April 16, 2015, the injured worker's chief complaint was right foot, right ankle, right knee and low back pain. The injured worker stated the right foot and ankle painful. The injured worker completed 6 sessions of physical therapy. The physical exam noted mild swelling of the right ankle. There was diffuse tenderness with palpation of the right cuboidal region and anterolateral ankle region. There was tenderness in the mid back with palpation. The straight leg raises caused pain in the low back. The deep tendon reflexes to the patella and Achilles's tendons bilaterally, with intact sensation. The treatment plan included a right ankle MRI for continued right ankle symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right ankle MRI: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle-Foot Procedure Summary last updated 03/26/15 Online Version, Magnetic Resonance Imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 373-374.

Decision rationale: The request is considered medically necessary. The patient has history of fractured right ankle, s/p physical therapy with continued pain. There was mild swelling and diffuse tenderness with palpation of the right cuboidal region and anterolateral ankle region as per the chart. As per MTUS, "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. Therefore, the request is considered medically necessary.