

<b>Case Number:</b>	CM13-0029338		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	08/23/2012
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, Pain Medicine and is licensed to practice in California and Washington 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 40 year old female who reported an injury on 08/23/2012. The mechanism of injury was twisting her ankle. Her diagnoses included a sprain of her foot. She had right knee surgery in 2007. Her x-rays were negative for a fracture on 08/24/2012. She was treated with ice and was prescribed Nabumetone 500mg twice daily. The 08/24/2012 note showed the injured worker complained of pain on the bottom of her foot primarily on the inner side. She also had pain in her left small toe. Upon examination it was found that her foot looked slightly swollen, but not bruised or red. Her gait was normal and Thompson's and anterior drawer signs were negative. Her follow up exam on 09/18/2012 revealed no evidence of foot swelling. She stated she did not return for her 08/31/2012 appointment because her "pain has fully resolved". The treatment plan was for an MRI of the pelvis. The rationale for request and the request for authorization form were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the pelvis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Hip and Pelvis, MRI (magnetic resonance imaging).

**Decision rationale:** As stated in the Official Disability Guidelines, MRI is a highly sensitive and specific radiography that detects many abnormalities involving the hip or surrounding soft tissue and be the first imaging technique after plain radiography. It is the modality of choice after a negative X-ray when a hip fracture is suspected. Some indications for MRI include acute and chronic soft tissue injuries, tumors, and osseous, articular, or soft tissue abnormalities. The injured worker reported twisting her ankle on 08/23/2012. Her x-rays were negative for a fracture. She followed up on 09/18/2012 and she reported that her pain had resolved. There is insufficient documentation to show the necessity for an MRI of the pelvis. Her last physical examination showed all normal findings and she was discharged from care an instructed to go back to work without limitations. As such, the request for MRI of the pelvis is not medically necessary.