

Case Number:	CM14-0152846		
Date Assigned:	09/22/2014	Date of Injury:	08/11/2014
Decision Date:	11/05/2014	UR Denial Date:	09/06/2014
Priority:	Standard	Application Received:	09/16/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 48-year-old male who reported an injury on 08/11/2014 after walking when the injured worker reportedly rolled his ankle and fell to the ground. The injured worker reportedly sustained an injury to his left ankle. The injured worker was evaluated on 08/12/2014. Objective findings included tenderness to the left ankle with negative evidence of instability and painful but unlimited range of motion of the left ankle. The injured worker's diagnoses included ankle sprain and knee/leg sprain/strain. The injured worker's ankle was immobilized. The injured worker was advised to have daily icing. The injured worker was prescribed Etodolac and acetaminophen and Polar Frost for pain management. The injured worker was again evaluated on 08/15/2014. It was documented that the injured worker had ongoing left ankle pain complaints. It was noted that the injured worker's deep tendon reflexes were rated at a 2/4. The injured worker had tenderness of the left ankle along the lateral malleolus and anterior of the ankle. It was also noted that the injured worker had medial joint line tenderness of the left knee. It was documented that the injured worker underwent left ankle x-rays that did not identify any abnormalities. The injured worker's treatment plan included an MRI and orthopedic consultation and continued medication usage. No Request for Authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI at joint of the lower extremities without dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

Decision rationale: The request for MRI at joint of the lower extremities without dye is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine does not recommend magnetic resonance imaging studies unless clarification of a diagnosis such as osteochondritis dissecans is necessary when there is evidence of delayed recovery. The clinical documentation submitted for review does not provide any evidence that the injured worker has a significant soft tissue injury that would benefit from an imaging study beyond what is recommended by guidelines recommendations. There is also no documentation that the injured worker has participated in any type of active therapy to address pain complaints. Therefore, special studies would not be supported in this clinical situation. As such, the requested MRI at joint of the lower extremities without dye is not medically necessary or appropriate.