

Case Number:	CM13-0019861		
Date Assigned:	10/11/2013	Date of Injury:	06/01/2010
Decision Date:	01/06/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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.

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 patient is a 49 year old female with injury from 6/1/10 who suffers from chronic ankle pain. Current diagnosis is right foot pain due to plantar fasciitis. The patient underwent plantar fasciotomy on 6/29/11. Current request is for an MRI of right ankle. The patient's last MRI of right ankle was apparently on 12/20/12 that showed plantar fasciitis. This request was denied by UR on 8/19/13 citing that there was no reason to repeat the MRI without significant change in the patient's clinical status.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Despite review of all of the reports provided, it is not possible to determine why an updated MRI is needed at this time. There does not appear to have been a new injury. The records do not indicate that the patient's symptoms have changed all that much. The patient has been complaining of same 9-10/10 severe pain with severe functional limitations. There is an MRI of the ankle from December of 2012. Without any significant changes in the patient's

clinical presentation, there is no need to update an MRI. ACOEM does not address chronic ankle condition. MTUS does not discuss indications for MRI's. ODG discusses MRI's but the patient already had an MRI one year ago without much change in clinical picture. The request for the MRI of the right ankle is not medically necessary and appropriate.