

<b>Case Number:</b>	CM13-0024287		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	01/12/2011
<b>Decision Date:</b>	04/07/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 Family Practice, and is licensed to practice in Texas. 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 patient is a 25-year-old female who reported an injury on 01/12/2011. The official MRI of the right ankle dated 12/17/2013 interpreted by [REDACTED] revealed there is fragmentation along the anterior inferior aspect of the lateral malleolus that physician suspects is from prior anterior talofibular ligament injury and reconstruction. The anterior talofibular ligament may be functionally disrupted. There is thickening in the proximal plantar fascia and there is small calcaneal spur. There is small calcaneal enthesophyte at the Achilles insertion. The note dated 01/20/2014 indicated the patient had complaints of right ankle pain. The patient reported that it gives out on her several times a month. The patient was managing the pain with ice and Tylenol. It was noted that the patient had right ankle reconstruction of her lateral ligaments on 12/09/2011. The patient reported that after surgery she had improvement somewhat but continued to have pain and disability. Upon examination, the range of motion of the mid tarsal and metatarsophalangeal joints are grossly normal and without crepitation or pain. There was no joint effusion noted. Palpation of the anterior lateral aspect of the ankle joint reproduced severe discomfort; effusion was noted in that area as well as some crepitation with deep palpation. Range of motion of the subtalar joint also with forced supination was painful, but there was no subluxation of the talus felt. Muscle testing was within normal limits bilaterally. The neurovascular status was grossly intact and symmetrical bilaterally. X-rays performed on the ankle joint bilaterally AP, MO, and lateral views revealed the ankle gutters seemed intact and symmetrical bilaterally; os trigonum noted bilaterally; calcaneal spurs noted bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REPEAT MRI TO THE RIGHT ANKLE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines -Treatment for Workers' Compensation (TWC), Ankle & Foot (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** The California MTUS/ACOEM does not address repeat MRIs. However, the Official Disability Guidelines state that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The records provided for review failed to include documentation of a significant change in symptoms and/or findings suggestive of a significant pathology to support a repeat MRI. As such, the request for repeat MRI to the right ankle is not supported. Therefore, the request is non-certified.