

<b>Case Number:</b>	CM13-0027393		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	09/11/2010
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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 and Rehabilitation 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 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:

This is a 48-year-old female with a 9/11/10 date of injury. A specific mechanism of injury was not described. The UR decision dated 9/12/13 refers to a 7/10/13 note, however that note was not provided for review. The patient presented with pain and edema to the left ankle and right foot. The first subtalar joint injection gave 60% relief, the second injection in the ankle gave 100% relief for 2 days. The patient's nerve pain reduced with the second injection to the ankle as well as use of the soft ankle braces. The claimant underwent a diagnostic nerve block to the deep peroneal nerve with release of the pain on the anterior ankle and foot; however, the pain continued on the medial ankle at the tarsal area. All pain resumed and continued to the whole foot after just a few days. The claimant's last MRI was in 2011 and was not submitted for review. Objective findings: large mass on the medial tarsal tunnel that is soft and deep, muscle weakness noted at the anterior tibial muscle belly and tendon, intact posterior tibial tendon of right foot. Diagnostic impression: not noted regarding foot and ankle. Treatment to date: medication management, activity modification, lumbar epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Of The Enlarged Mass In The Left Foot:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

**Decision rationale:** CA MTUS states that disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies, e.g., magnetic resonance imaging (MRI). Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. In addition, ODG states that ankle MRI is indicated with chronic ankle pain, pain of uncertain etiology, plain films normal. However, in this case, there were no recent plain film radiographs provided for review. In addition, there is referral to an MRI from 2011. However, this report was not provided for review to evaluate a change in the patient's condition to warrant the necessity of a repeat MRI. Therefore, the request for MRI Of The Enlarged Mass In The Left Foot was not medically necessary.

**Diagnostic Nerve Block To The Posterior Tibial Nerve And Common Peroneal Nerve:**  
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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter.

**Decision rationale:** CA MTUS does not address this issue. According to ODG, while evidence is limited, therapeutic injections are generally used procedures in the treatment of patients with ankle or foot pain or pathology. Ideally, a therapeutic injection will: reduce inflammation; relieve secondary muscle spasm; relieve pain; and support therapy directed at functional recovery. If overused, injections may be of significantly less value. However, in the present case, it is noted that the patient has already undergone a diagnostic nerve block, however the pain continued. It is unclear why the patient would require another nerve block at this time. In addition, a report regarding the patient's ankle and foot condition was not provided for review. Therefore, the request for Diagnostic Nerve Block To The Posterior Tibial Nerve And Common Peroneal Nerve was not medically necessary.