

Case Number:	CM13-0044104		
Date Assigned:	12/27/2013	Date of Injury:	11/05/2010
Decision Date:	03/12/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/28/2013

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 Family Medicine and is licensed to practice in Arizona. 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. 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:

Patient is a 57 year old female with date of injury on 11/05/10. Patient has been having ongoing symptoms related to her left ankle. Diagnoses include enthesopathy, and tarsal tunnel syndrome. Patient has subjective complaints of constant ankle pain rated at 8/10, which were worsen by wearing brace at work, walking and standing. Physical exam demonstrated stable foot posture, good muscle strength in foot and ankle, and full range of motion. There was tenderness noted over the lateral sinus tarsi. Previous MRI from 4/05/11 documented peroneal longus tendinitis and rupture of the anterior talofibular ligament. Previous treatments have included anti-inflammatories, bracing and cortisone injection. Documentation does not identify any new injury or re-injury of the affected ankle. There is also no indication in the documentation that patient has undergone physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right lateral ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374,. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, MRI Section.

Decision rationale: ACOEM guidelines do not recommend imaging for disorders of soft tissue as they yield negative radiographs and do not warrant other studies, e.g., MRI. ODG recommends that MRI should be reserved for a significant change in symptoms and or findings suggestive of significant pathology. This patient had a previous MRI and documentation does not suggest a new injury or any significant or progressive change in symptoms. There is also no documentation of further conservative therapy such as physical therapy. For these reasons, the medical necessity of an ankle MRI is not established.