MAXIMUS Federal Services

Case Number:	CM13-0050111		
Date Assigned:	12/27/2013	Date of Injury:	03/25/2002
Decision Date:	08/08/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/11/2013

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 Occupational Medicine and is licensed to practice in New York and North Carolina. 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 patient, a 61 year old man, was injured over 11 years ago, 3/25/02. He has been diagnosed with Achilles tendon tear and pain. He is requesting a left ankle MRI. He has had several surgeries including neck, bilateral shoulders and bilateral feet. He has had a TKA revision as well. He had a left Achilles tendon repair with allograft in 2011, which was complicated by infection and non-healing, requiring hyperbaric oxygen therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT ANKLE MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-373.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle, MRI.

Decision rationale: Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In reviewing the criteria for ankle MRI, this patient/employee does not meet any criteria for re-imaging the ankle. He has well established Achilles pathology and there is no treatment plan described that is dependent on any particular MRI findings. As noted, repeat MRI is generally

not routinely recommended and should be reserved for a significant change in symptoms. This has not been documented. The most recent applicable note says that his gait is smooth and non-antalgic, the scar well-healed. He has dermodesis, and stretching has been recommended. There is no significant decline in function or notation of suspected pathology requiring further intervention. The request is not medically necessary.