

<b>Case Number:</b>	CM13-0051594		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/06/2012
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 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:

According to the records made available for review, this is a 50-year-old male with a 2/6/12 date of injury. The current diagnosis is right foot internal derangement. The treatment to date was not specified. There is no documentation of a condition/diagnosis with supportive subjective/objective and x-ray findings for which an MRI is indicated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **MAGNETIC RESONANCE IMAGING OF THE RIGHT ANKLE/FOOT: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College Of Occupational And Environmental Medicine 2nd Edition (2004), Ankle and Foot Complaints, Page 1043 and ODG Ankle & Foot.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter, Magnetic Resonance Imaging (MRI).

**Decision rationale:** California MTUS reference to ACOEM identifies documentation of a diagnosis of osteochondritis dissecans in cases of delayed recovery, as criteria necessary to support the medical necessity of MRI of the ankle. ODG identifies documentation of a

condition/diagnosis with supportive subjective/objective and x-ray findings for which MRI is indicated [such as: Chronic ankle pain with suspected osteochondral injury, tendinopathy, or pain of uncertain etiology, where plain films are normal which has not responded to conservative treatment], as criteria necessary to support the medical necessity of MRI of the ankle/foot. Within the medical information available for review, there is documentation of diagnoses of right foot internal derangement. However, there is no documentation of a condition/diagnosis (with supportive subjective/objective and x-ray findings) for which an MRI is indicated [such as: Chronic ankle pain with suspected osteochondral injury, tendinopathy, or pain of uncertain etiology, where plain films are normal which has not responded to conservative treatment]. Therefore, based on guidelines and a review of the evidence, the request for magnetic resonance imaging of the right ankle/foot is not medically necessary.