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| <b>Case Number:</b>   | CM13-0059463 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 09/15/2005 |
| <b>Decision Date:</b> | 03/20/2014   | <b>UR Denial Date:</b>       | 11/18/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/02/2013 |

### 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 Internal Medicine, and is licensed to practice in New York. 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:

The patient is a 52 year old male with a date of injury on 09/15/2005. There was also a date of injury on 03/25/2002. He has a listed diagnosis of tarsal tunnel syndrome, tenosynovitis of the foot and ankle and plantar fascial fibromatosis. On 12/10/2012 it was noted that he had peripheral neuropathy of both feet. He had probable bilateral tarsal tunnel syndrome and plantar fasciitis. On 08/15/2013 18 visits of physical therapy were prescribed. However, there was no record that he went to physical therapy. There were no physical therapy notes provided for review. On 11/18/2013 the request for bilateral MRI of ankles was denied as it was not clear what conservative treatment he had received. However, on 10/22/2013 examination revealed a well healed scar from right tarsal tunnel release surgery. He continued to have numbness of both feet - distal toes 2 - 4 on both feet. Muscle strength was normal. Left tarsal tunnel release with decompression was recommended. On 11/06/2013 he had a MRI of the right foot and left foot which revealed bilateral areas of tenosynovitis. There was no evidence of plantar fascia tear. On 12/03/2013 the request for left tarsal syndrome surgery was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the bilateral ankles:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 367-368.

**Decision rationale:** MTUS, ACOEM Chapter 14 Foot and ankle injuries reveal that in the absence of red flag signs, imaging studies are not indicated in the initial evaluation of the patient (Table 14-2). There was no documentation provided for review of the mechanism of injury. There was no documentation of conservative treatment. There were no physical therapy notes. Also there was no documentation of any NCS/EMG to verify a diagnosis of tarsal tunnel syndrome. After right tarsal tunnel release there was no improvement in symptoms. There must be documentation of failure of conservative treatment prior to the requested MRI of both ankles. Except for findings on the MRI of both feet that were consistent with tenosynovitis and tendonopathy, there is no objective diagnosis of any ankle injury. At this point in time there is insufficient documentation provided for review to substantiate the medical necessity of a MRI of both ankles.