

Case Number:	CM13-0062583		
Date Assigned:	12/30/2013	Date of Injury:	08/22/2011
Decision Date:	05/20/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/09/2013

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:

The applicant is a represented [REDACTED] employee who has filed a claim for ankle pain reportedly associated with an industrial injury of August 22, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; corticosteroid injections; reported diagnosis with sinus tarsi syndrome versus plantar fasciitis; and a CAM Walker. In a Utilization Review Report of November 13, 2013, the claims administrator denied a request for MRI imaging of the left ankle, stating that the applicant had had earlier MRI imaging in 2011 which showed cystic changes and minimal tendinosis. The applicant's attorney subsequently appealed. In a podiatry consultation of October 23, 2012, it was stated that the applicant's podiatrist reviewed the earlier 2011 MRI and noted that it was basically unremarkable. A November 27, 2013 progress note is notable for comments that the applicant reported persistent low back, left foot and ankle, and left knee pain. MRI imaging of the injured knee was sought at that point. In an earlier note of November 1, 2013, the applicant reported ongoing low back, left leg, left knee, left foot, and ankle pain. The applicant did exhibit 5/5 lower extremity strength. The applicant apparently had some pain with ankle stress testing, including about the medial and lateral malleoli. It was stated that the applicant required an updated MRI of the ankle as his last MRI was approximately two years ago. Work restrictions were again endorsed. It did not appear that the applicant's restrictions were accommodated.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI WITHOUT CONTRAST FOR THE LEFT ANKLE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 1043.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, page 374, disorders of soft tissue such as tendonitis, metatarsalgia, fasciitis, and neuroma do not warrant advanced imaging studies such as MRI imaging. While MRI imaging can be helpful to clarify diagnoses such as osteochondritis desiccans in cases of delayed recovery, in this case, it appears that the applicant in fact carries diagnosis of posterior tibial tendonitis, peroneus brevis tendonitis, and plantar fasciitis. These are not diagnoses which require MRI imaging to identify, per ACOEM Chapter 14, page 374. It is further noted that the attending provider has not proffered any applicant-specific rationale, narrative, or commentary which would offset neither the unfavorable ACOEM recommendation, nor the attending provided stated how the imaging study in question would alter or change the treatment plan. Therefore, the request for ankle MRI imaging is not medically necessary, for all of the stated reasons.