

<b>Case Number:</b>	CM13-0065538		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/06/2012
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases, 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 patient is a 42 year old female that reported an injury on 03/06/2012. The mechanism of injury was a fall that the patient said that she felt like her ankle inverted. On the clinical note dated 02/12/2013 the patient complained of lateral sided ankle pain around the fibula primarily, that worsens with walking and standing, with occasional swelling. Medications listed at the time of the visit were synthroid. On examination the clinical note stated that when viewed from behind it was noted that her hindfoot was in about 5 degrees of valgus on the left and the right was noted to have lateral ankle pain around the fibula on heel rise. With palpation was noted to have pain around the tip of the fibula most consistent with the peroneal tendon path. The MRI results from 06/01/2012 were reviewed with noted impression: large tibiotalar joint effusions and moderate sized talonavicular and posterior subtalar joint effusions, with patchy areas of mild marrow edema within the calcaneus, talus, and navicular, which appeared mostly centered the posterior subtalar and talonavicular joint, no fractures, no evidence of osteoarthritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI OF LEFT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation ODG-TWC Knee and Leg Procedure Summary and ACR Appropriateness criteria

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

**Decision rationale:** The Official Disability Guidelines state that a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The first MRI noted that there were no fractures or no evidence of osteoarthritis. The patient was noted to have pain with palpation around the tip of the fibula most consistent with the peroneal tendon path. The patient did report that she was able to work but then she had significant pain. The patient was given a lace up brace to wear while working and orthotics to wear, to help with pain and foot positioning. The clinical notes show no findings that would suggest significant findings that would meet the criteria for a follow-up MRI. Therefore the request for MRI of left knee is not medically necessary and appropriate.