

<b>Case Number:</b>	CM13-0072266		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	10/21/2013
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 Physical Medicine & Rehabilitation 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 27year old male who was injured on 10/21/2013 while transferring soda cases from a pallet onto a counter; his right foot was pointed at a weird angle causing him to develop pain and discomfort in his right ankle and right foot. Prior treatment history has included prescribed medications, crutches, and 6 sessions of physical therapy. He was referred to an industrial injury where he was examined with x-rays. Initial evaluation report dated 12/02/2013 documented the patient to have complaints of right ankle pain. The pain was rated at 7-8/10 pain scale. The pain is sharp, sore, and achy in character. There is radiation of pain noted to the right lower leg and knee. The patient states that rest for about an hour and stopping aggravating activities make the pain better. The patient stated that lifting and carrying 15 plus pounds; sitting; standing; and walking 60 minutes; turning ankle left; and putting too much pain make the pain worse. Objective findings on examination of the right ankle revealed severe exquisite tenderness to palpation of the medial joint line of the right ankle/foot. There is moderate pain upon palpation of the lateral joint line and the anterior portion of the right ankle/foot joint line. There is slight swelling noticed both on the lateral and medial aspect of the ankle. Eversion initiates exquisite tenderness and inversion initiates moderate pain. Range of motion (degrees) are as follows: Dorsal flexion right: 10/15, 10/15, 10/15, Average is 10; Plantar flexion right: 40/50, 40/50, 40/50, Average is 40; Foot inversion right: 30/35, 30/35, 30/35, Average is 30; Foot Eversion right: 20/20, 20/20, 20/20, Average is 20. His muscle testing revealed ankle dorsiflexion-inversion on the right is 4/5, 4/5, 4/5; Foot inversion on the right: 4/5, 4/5, 4/5. The patient was diagnosed with joint dysfunction and neuritis of the right ankle. PR2 dated 11/27/2013 indicated the patient's right ankle is not improved with a pain rating of 2-3/10. When he twists his ankle, the pain goes to 7-8/10. There is no pain when walking or standing. The patient is not working. Objective findings on exam revealed a normal gait. The right ankle

revealed tenderness to palpation of the medial malleolus and over deltoid ligament. There is no swelling or ecchymoses; dorsal flexion is 40 and plantar flexion is 30.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **MRI OF THE RIGHT ANKLE WITH CONTRAST: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter, MRI

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle Chapter, Magnetic Resonance Imaging

**Decision rationale:** The medical records document the patient is being treated for a right ankle sprain. He has been working regular duties. The medical records indicate his pain is generally 2-3/10 pain that can increase with certain positions. However, there is no significant swelling, no ecchymosis, no antalgic gait and no pain with walking or standing. The ACOEM guidelines state generally regarding disorders of soft tissue do not warrant other studies, e.g., magnetic resonance imaging (MRI). According to the Official Disability Guidelines, MRI of the ankle may be recommended in cases of chronic ankle pain when there is suspicion of conditions such as osteochondral injury, tendinopathy, tarsal tunnel syndrome, Morton's neuroma, or plantar fasciitis. The medical records do not demonstrate persistent significant finding that would warrant suspicion of any of these listed condition that would support obtaining an MRI. The medical records do not establish the patient has failed to respond to conservative care of medication management, ice, and a self-directed home exercise and stretching program. The medical records do not establish the existence of clinical findings that would suggest the patient is a candidate for surgical intervention. Therefore, the medical necessity is not established.