

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0011978 |                              |            |
| <b>Date Assigned:</b> | 02/21/2014   | <b>Date of Injury:</b>       | 05/25/2013 |
| <b>Decision Date:</b> | 08/25/2014   | <b>UR Denial Date:</b>       | 01/15/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/29/2014 |

### 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 patient is a 42 year old female with a 5/25/13 date of injury. The patient stated she stepped on a rock and twisted her ankle. On 2/12/14, a progress note documented the patient has had aching pain to left ankle intermittently for 9 months. She notices it is made worse by walking for more than 1 hour. It improves with sitting and elevation. She also reported at that time it felt stable, that her pain level was a 5 out of 10 and feels that it is 50% of normal. Objective: Pain on motion is present. Pain to palpation is present to posterior fibular and peroneal ligament. No abrasion, bruising, erythema, open wound, rash and swelling are noted. Range of motion is normal. Strength is normal. MRI of the left ankle was done on 8/13/13 and was negative for fractures or ligament tears. Diagnostic Impression: Sprain/strain of ankle; Pain in joint; Tenosynovitis of foot and ankle. Treatment-to-date: Medication management; Home exercises. A UR decision dated 1/15/14 denied the request for magnetic resonance imaging (MRI) Left ankle, noting that the individual is improving and surgery is not an option at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **MAGNETIC RESONANCE IMAGING (MRI) LEFT ANKLE:** 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 and Foot: Indications for imaging - MRI (magnetic resonance imaging).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment CA MTUS 9792.23.7. Ankle and Foot Complaints: Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 372-374 Page(s): 372-374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and Ankle Chapter.

**Decision rationale:** CA MTUS states that disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies, e.g., magnetic resonance imaging (MRI). In addition, ODG states that ankle MRI is indicated with chronic ankle pain, pain of uncertain etiology, plain films normal. ODG (Foot and Ankle Chapter) Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008) Magnetic resonance imaging (MRI) was obtained on 8/13/13 which reported negative for fractures or ligament tears. Since then the patient has been seen routinely with the most recent progress note dated 2/12/14. It has been reported that the patient has regained strength and range of motion with no abrasion, bruising, erythema, open wound, rash or swelling. There is no documentation that suggests significant change in symptoms and/or findings suggestive of significant pathology. Therefore, the request for magnetic resonance imaging (MRI) is not medically necessary.