

Case Number:	CM14-0012570		
Date Assigned:	06/13/2014	Date of Injury:	05/10/2013
Decision Date:	07/24/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/31/2014

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 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 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 injured worker is a 36-year-old male with a reported injury on 05/10/2013. The mechanism of injury was not provided. The injured worker did have an exam on 12/18/2013 regarding continued complaints to the left knee. He was having pain to the left ankle as well. This pain has been continued since his injury. Upon exam of the ankle, the injured worker did have a negative Homan's sign. There was not a list of medications provided nor was there provided any documentation regarding any previous physical therapy or conservative therapy or home exercise program. The plan of treatment is recommended to do an MRI of the left ankle to rule out Achilles tear versus a Haglund's deformity or any other lesion that might possibly benefit from surgery. The Request for Authorization was signed on 12/30/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI WITHOUT CONTRAST FOR LEFT ACHILLES TENDONITIS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and foot, Magnetic resonance imaging (MRI).

Decision rationale: The request for an MRI without contrast for the left Achilles tendinitis is not medically necessary. The ACOEM Guidelines do recommend the MRI for disorders of soft tissues such as tendinitis, metatarsalgia, fasciitis, and neuroma to yield negative radiographs and do not warrant an MRI. There were not any radiographs provided. The Official Disability Guidelines do recommend the MRI for chronic foot pain and tenderness; however, when there is a failure of conservative therapy and also the negative radiographs. There was lack of evidence of any conservative care to include medications and efficacy, home exercise program or physical therapy. Therefore, the request for the MRI without contrast for the left Achilles tendinitis is not medically necessary.