

<b>Case Number:</b>	CM14-0113044		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	06/04/2013
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 Emergency Medicine, and is licensed to practice in Texas. 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 injured worker is a 36 year old male with a reported date of injury on 06/04/2013. The mechanism of injury was a twisted ankle and fall. The injured worker's diagnoses included knee, ankle, and foot sprain/strain. The injured worker's previous treatments included rest, the use of crutches, medications, and ice packs. The injured worker's diagnostic testing included x-rays which showed no fracture per patient report. No pertinent surgical history was provided. The injured worker was evaluated for left leg, knee, ankle, and foot pain on 03/06/2014. The clinician observed and reported that heel and toe walking caused increased pain to the injured worker's lower back, knee, and leg. The injured worker walked with a slight limp. Reflexes were absent bilaterally and the left knee was slightly restricted with pain, tenderness, and muscle spasm. The patellar grinding, McMurray, collateral ligament, and Apley tests were positive. The left ankle and foot were tender with muscle spasm and weakness. The injured worker's medications included Tramadol, Mobic, and Flexeril. The request was for MRI OF RIGHT ANKLE. No rationale was provided for this request. The request for authorization form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of right ankle:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines

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

**Decision rationale:** The request for MRI of right ankle is not medically necessary. The injured worker complained of right ankle pain. The California MTUS/ACOEM Guidelines state for most cases presenting with true foot and ankle disorders, special studies are usually not needed until after a period of conservative care and observation. The Official Disability Guidelines recommend MRI of the ankle for patients with chronic ankle pain, with suspected osteochondral injury, tendinopathy, and pain of uncertain etiology. MRI is recommended for patients with chronic foot pain, with pain and tenderness over the navicular tuberosity which is unresponsive to conservative therapy, athletes with pain and tenderness over the tarsal navicular, burning pain and paresthesias along the plantar surface of the foot and toes who are suspected of having tarsal tunnel syndrome, and pain in the 3-4 web space with radiation to the toes when Morton's neuroma is clinically suspected. The documented assessment of the ankle stated that the left ankle and foot were tender with muscle spasm and weakness. There is a lack of documentation which demonstrates significant objective functional deficits upon physical examination. Therefore, the request for MRI of right ankle is not medically necessary.