

<b>Case Number:</b>	CM14-0155331		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	04/13/2010
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 Physical Medicine and 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 injured worker is a 60-year-old female who reported an injury on 04/13/2010. The mechanism of injury was not provided. Diagnoses included chronic bilateral ankle sprain, rule out left peroneal tenosynovitis and possible tear. Past treatments included medications. Diagnostic studies were not provided. Pertinent surgical history was not provided. The clinical note dated 08/27/2014 indicated the injured worker complained of worsening left ankle pain with weight bearing activity. The physical exam revealed pain and tenderness around the posterolateral left ankle. Current medications included Celebrex 200 mg, cyclobenzaprine 7.5 mg, and Norco 10/325 mg. The treatment plan included and MRI of the left ankle. The rationale for the treatment plan was that physical examination findings revealed possible peroneal tendon tear or tenosynovitis. The Request for Authorization form was completed on 09/09/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI left ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-373. Decision based on Non-MTUS Citation ODG-TWC

**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, Magnetic resonance imaging (MRI)

**Decision rationale:** The California MTUS/ACOEM Guidelines indicate that MRI may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. The Official Disability Guidelines go on to state that MRI is recommended for chronic ankle pain with suspected tendinopathy or osteochondral injury when plain films are normal. The physician noted that the injured worker complained of pain and tenderness around the posterolateral left ankle, which he noted as consistent with possible peroneal tendon tear or tenosynovitis. There is a lack of clinical documentation that x-rays were first completed of the left ankle. Without x-ray results of the left ankle, the request cannot be supported at this time. As such, the request for MRI of the Left Ankle is not medically necessary.