

<b>Case Number:</b>	CM14-0164764		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	08/28/2013
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Family Medicine, and is licensed to practice in Arizona. 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:

Patient is a 62 year old male with a date of injury on 8/28/2013. Subjective complaints are of continued back, right leg, and ankle pain. Objective findings show a normal ankle x-ray, range of motion 10-40 degrees in the right ankle and anterolateral ankle pain. Prior treatments include acupuncture, lumbar epidural steroid injections, and medications. Request is for a right ankle MRI.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (updated 07/29/14)

**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/FOOT, MRI

**Decision rationale:** ACOEM guidelines indicate that disorders of soft tissue yield negative radiographs and do not warrant other studies, e.g., MRI. The ODG recommends that chronic ankle pain, with suspected osteochondral injury, suspected tendinopathy, or pain of uncertain

etiology may warrant an MRI. For this patient, there is no evidence of an ankle injury, or sufficient history or objective exam to determine if guideline criteria have been met for an ankle MRI. Therefore, the request for an ankle MRI is not medically necessary.