

Case Number:	CM14-0165124		
Date Assigned:	10/10/2014	Date of Injury:	06/27/2008
Decision Date:	11/24/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	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 Physical Medicine & 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 underlying date of injury in this case is 6/27/2008. The date of the utilization review under appeal is 9/16/2014. That utilization review denied a request for an MRI given the lack of documentation of failure of conservative treatment and given that the treating physician had not ruled out other potential causes of pain. An MRI of the right foot of 10/29/2012 demonstrated a Morton's neuroma between the first and second metatarsal heads. On 8/16/2011, the patient underwent a right ankle arthroscopic debridement for synovitis and a right ankle lateral collateral ligament repair of a modified Brostrom type. On 7/10/2014, the patient was seen in podiatry follow-up. The patient was noted to have multifocal pain including of her right knee and also radiating from the foot proximally across her knees to the right hip and back. On examination subtalar joint range of motion was 15 degrees inversion with 5 degrees of eversion. No Tinel's was noted at the tibial peroneal nerves or sural nerves on neurological examination. The treating podiatrist recommended an MRI of the right leg and right ankle to further assess the cause of the patient's ongoing pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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 Leg and Knee Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 375.

Decision rationale: ACOEM Guidelines, Chapter 14, Ankle, Page 375 outlines ability of various techniques to define ankle and foot pathology. MRI imaging is recommended for very specific reasons, such as to assess for tendinitis or a ligament tear. The available medical records at this time are not specific regarding the particular reason for requesting an MRI of the right ankle. Without more specific differential diagnosis, it is not possible to apply this guideline in support of this request. This request is not medically necessary.