

Case Number:	CM14-0184960		
Date Assigned:	11/12/2014	Date of Injury:	08/16/2011
Decision Date:	12/30/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/06/2014

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, has a subspecialty in Interventional Spine 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 patient is a 49 year old male with an injury date of 08/16/11. Based on the 09/24/14 progress report provided by treating physician, the patient complains of pain to the right foot and ankle. Patient is status post rupture at the Achilles tendon with primary repair with tendon graft. Physical examination to the right foot revealed 2cm nodular enlargement on its distal lateral aspect extending into the insertion of the calcaneus; severe pain on palpation at the Achilles tendon. Provider states that at the previous visit, patient had a diagnostic peripheral nerve block to the superficial peroneal nerve, resulting in pain decreasing from 7/10 to 3/10. Provider is requesting MRI of the foot and ankle to evaluate the extent of damage to the Achilles tendon beyond the surgical repair. Provider performed x-ray of foot and ankle bilateral for comparison. Per QME report dated 08/27/14, the patient underwent 3 surgeries to the right ankle since 01/02/12. MRI of the right ankle 01/04/12 revealed 99% Achilles tendon tear. Repeat MRI of right ankle on 06/06/12 revealed "tendon not attached to the location it should have been, based on second opinion. Diagnosis 09/24/14 were:- status post rupture at the Achilles tendon with primary repair with tendon graft- soft tissue and tendon damage- continued pain to surgical sites- primary trauma resulting in peripheral nerve impairment, at the superficial and deep peroneal nerve. The utilization review determination being challenged is dated 10/27/14. The rationale is "no documentation of objective physical examination findings about the foot supporting the need for MRI of the foot..." Treatment reports were provided from 05/01/14 - 09/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 1043.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter MRI Topic

Decision rationale: The patient complains of pain to the right foot and ankle. The request is for MRI of the left foot. Patient is status post rupture at the Achilles tendon with primary repair with tendon graft. Patient's diagnosis dated 09/24/14 included soft tissue and tendon damage, continued pain to surgical sites and primary trauma resulting in peripheral nerve impairment, at the superficial and deep peroneal nerve. Physical examination on the right foot on 09/24/14 revealed 2cm nodular enlargement on the distal lateral aspect extending into the insertion of the calcaneus, and severe pain on palpation on the Achilles tendon. ODG guidelines Ankle and Foot Chapter MRI Topic, states that imaging is indicated due to chronic ankle pain if plain films are normal and there is suspected osteochondral injury, suspected tendinopathy or pain of uncertain etiology. Provider is requesting "MRI of the left foot and ankle to evaluate the extent of damage to the Achilles tendon beyond the surgical repair," performed on the right foot. Provider performed "x-ray of foot and ankle bilateral for comparison" per provider report dated 09/24/14. It appears provider is requesting MRI of the unaffected left foot for comparison as well. Guidelines do not support MRI without symptomatology, suspected tendinopathy or osteochondral injury. Therefore, the request is not medically necessary and appropriate.