

<b>Case Number:</b>	CM14-0039952		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	02/20/2013
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 Occupational Medicine, 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:

This patient is a 46-year-old with a date of injury of February 20, 2013. Subsequent to a crush injury to her ankle and foot she has rehabilitated over a several month time period. She returned to full duties on January 16, 2014 which entailed prolonged standing and walking several miles per day. She had a slight exacerbation of symptoms upon returning to work, but symptoms are documented to be mild with intermittent pain of 1/10 and relieved by rest. There are minimal exam findings and on follow up visits in January and February with both the primary treating physician and foot specialist opinioned that she was doing well. Subsequently on March 12, 2014 she had a follow up visit with the treating physician and expressed frustration over another physicians opinion. The treating physician ordered an updated MRI to compare with the prior MRI on May 21, 2014 which had shown a contusion and peroneal tendinopathy. She continued to tolerate high intensity work activities with minimal to slight discomfort and no new exam findings.

### 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/ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 375. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and foot, Magnetic Resonance Testing.

**Decision rationale:** The medical necessity of the repeat MRI is not clearly documented. The Ankle and Foot Complaints Chapter of the ACOEM Practice Guidelines recommend testing for specific conditions only and these conditions are not documented to be present. ODG Guidelines specifically address the medical necessity of repeat MRI testing. In ODG Guidelines, repeat MRI testing is not recommended unless there is a significant change in symptoms and/or findings of significant pathology. The symptoms were stable and minor. The exam findings were unchanged. At the time of the request, the repeat MRI testing was not medically necessary. The request for an MRI of the left foot/ankle is not medically necessary or appropriate.