

<b>Case Number:</b>	CM14-0043622		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	04/20/2013
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 Podiatry 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 33-year-old male who reported an injury of a fall on 04/22/2013. In the clinical notes dated 05/14/2014, the injured worker complained of pain to the outer right foot. It was noted that the symptoms were primarily activity-related. Prior treatments included physical therapy, pain medications, and orthotics. The injured worker's prescribed medications included ibuprofen and Voltaren topical gel. The physical examination of the right foot/ankle revealed stiffness to motion of the right rear foot. It was noted that there was pain along the peroneal tendons, along the region between the fibular sesamoid and the base of the 5th metatarsal. The diagnoses included fracture of lateral malleolus closed, peroneal tendonitis, and history of fracture/closed foot. The treatment plan included a request for an MRI to delineate pathology along the peroneal tendons, and a request for Voltaren gel which the injured worker stated provided better symptom relief. There was also a request for functional orthoses. The request for authorization form for an MRI of the right rear foot and Voltaren gel 1% was submitted on 05/15/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 MRI of the right rear foot:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

**Decision rationale:** The request for 1 MRI of the right rear foot is non-certified. The California MTUS/ACOEM Guidelines state that disorders of soft tissue (such as tendonitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies, e.g. magnetic resonance imaging (MRI). Magnetic resonance imaging may be helpful to clarify diagnoses such as osteochondritis dissecans in cases of delayed recovery. In the clinical notes provided for review it is annotated that the MRI was requested to delineate pathology along the peroneal tendons. The Guidelines state that MRIs are not recommended for disorders of soft tissue such as tendonitis or fasciitis. Furthermore, there is a lack of documentation of a new injury to warrant any radiographic studies or other studies. Therefore, the request for 1 MRI of the right rear foot is non-certified.

**1 prescription of Voltaren gel 1% with 3 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The request for 1 prescription of Voltaren gel 1% with 3 refills is certified. The California MTUS Guidelines state Voltaren gel 1% is indicated for relief of osteoarthritis pain and joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). In the clinical notes provided for review, there is evidence of pain relief for the arthritic ankle mortise. Ongoing use of a topical NSAID would be supported. Therefore, the request for 1 prescription of Voltaren gel 1% with 3 refills is certified.