

<b>Case Number:</b>	CM14-0059273		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	06/10/2013
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 19-year-old individual was reportedly injured on 6/10/2013. The mechanism of injury was noted as a fall. The most recent progress note, dated 3/10/2014, indicated that there were ongoing complaints of right foot, shin, and ankle pains. Physical examination was very difficult to read due to poor quality of the copy submitted. Physical exam demonstrated a pes planus deformity, neurovascular intact, deep tendon reflexes 2+/4 bilaterally, muscle strength 5/5 bilaterally, and right ankle as full weight bearing. No significant ankle pain throughout the anterior aspect of the ankle. Most of the pain is in the tibial bone itself. Tibia is very symptomatic. It has significant withdrawal reflex along the shaft and entire tibia distal to the apparent fracture site. Range of motion was equal to contralateral side. Diagnostic imaging studies included x-rays of the right ankle, which revealed healed right tibial fracture with varus malalignment. Previous treatment included medication and conservative treatment. A request had been made for magnetic resonance imaging (MRI) of the right foot and was not certified in the pre-authorization process on 3/26/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right foot:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-373.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic), MRI (Updated 7/29/2014).

**Decision rationale:** Magnetic resonance imaging (MRI) is recommended as indicated below. It provides a more definitive visualization of soft tissue structures, ligaments, tendons, joint capsule, menisci, and joint cartilage structures than x-ray or computed tomography (CT) scan. Indications for MRI include the following: Suspected osteochondral injury, tendinopathy, pain of uncertain etiology, pain and tenderness over navicular tuberosity unresponsive to conservative therapy, pain and tenderness over the tarsal navicular, burning pain paresthesia along the plantar surface of the foot and toes, pain in between digits 3 and 4 web-space with radiation to the toes, and localized pain at the plantar aspect of the heel. MRI is not routinely recommended and should be reserved for significant change in symptoms and/or findings suggestive of significant pathology. After review of the documentation provided as well as current guideline, the requested diagnostic procedures deemed not medically necessary. It is noted the injured worker does have pain near the fracture site; however, guideline criteria has not been met in order to approve this study.