

<b>Case Number:</b>	CM14-0099264		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/31/2011
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 Anesthesia, has a subspecialty in Acupuncture and Pain 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:

The injured worker is a 30 year old female with date of injury 10/31/2011. Documentation notes chronic right ankle pain. Per progress report dated 11/12/2013, physical exam findings revealed no effusion. She had significant pain and discomfort with any type of range of motion. She had approximately 10 degrees of dorsiflexion, 20 degrees of plantar flexion. She had tenderness throughout the entire ankle, midfoot or forefoot region no matter where she was palpated she had discomfort. Her calf was soft, but she complained of pain to palpation anywhere in the calf, proximal fibula or knee. MRI of the right ankle dated 10/15/2013 was unremarkable. Treatment to date has included crutches, ankle support, physical therapy, and medication management. The date of utilization review decision was 06/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right ankle and heel:** Upheld

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

**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, Magnetic Resonance Imaging (MRI).

**Decision rationale:** Per ODG guidelines, repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Indications for an MRI includes but not limited to, chronic ankle pain, suspected osteochondral injury, and normal plain films. The documentation submitted for review includes MRI study of the right foot from October 2013, which was noted to be unremarkable. There is no documentation of new injury, or specific change in objective findings or symptoms to justify repeat study. Therefore, this request is not medically necessary.

**Functional capacity evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-22.

**Decision rationale:** The ACOEM guidelines in regard to a functional capacity evaluation (FCE) detailed the recommendation for consideration when necessary to translate medical impairment into functional limitations to determine work capability. The ODG details the recommendation to consider a FCE if the patient has evidence of prior unsuccessful return to work attempts or there is conflicting medical reporting on precautions and/or fitness for a modified job or if the patient's injuries are such that require detailed exploration of the worker's abilities. The documentation submitted for review fails to indicate if the injured worker has had prior unsuccessful return to work attempts, that the injured worker requires a modification for return to work, or that the injured worker has additional injuries which require detailed exploration of the employee's abilities. Therefore, this request is not medically necessary.