

<b>Case Number:</b>	CM14-0099764		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	08/21/2008
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 42 year old male with an 8/21/08 date of injury. After his original injury, a qualified medical evaluation, dated 12/9/08 recommended physical therapy, custom orthotics, and medication management. On a progress note dated 6/18/14 he complained of persistent right ankle and foot pain rated at 5-6/10, aggravated by standing and walking. It is associated with intermittent swelling, and his medications are helping. There was right ankle tenderness noted on exam but otherwise no significant changes were noted. Diagnostic impression notes tibiotalar osteoarthritis, anterior talofibular ligament and calcaneofibular ligament sprain. Treatment to date includes physical therapy, and medication management. A UR decision dated 6/26/14 denied the request for an MRI of the right ankle.

### 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:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and Ankle Chapter.

**Decision rationale:** MTUS Guidelines state that disorders of soft tissue (such as tendinitis, 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 a diagnosis such as osteochondritis dissecans in cases of delayed recovery. In addition, ODG Guidelines state that ankle MRIs are indicated with chronic ankle pain, pain of uncertain etiology, and normal plain films. However, the progress notes show that there was no comprehensive examination of the ankle. It is documented that there is no ankle swelling and no description of ankle instability. This patient previously had an ankle MRI in 2008 and there is no description of significant deterioration in the patient's condition to warrant repeat imaging. Therefore, the request is not medically necessary.