

Case Number:	CM14-0128452		
Date Assigned:	09/29/2014	Date of Injury:	09/24/2013
Decision Date:	01/02/2015	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/12/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic ankle, knee, and foot pain reportedly associated with an industrial injury of September 24, 2013. In a Utilization Review Report dated July 22, 2014, the claims administrator failed to approve a request for ankle MRI imaging. The claims administrator stated that it was basing its denial on the lack of a specific, discrete injury, and lack of precursor plain film imaging. The claims administrator did not state what guidelines it was basing its denial upon, nor did it incorporate any guidelines into its report rationale. The applicant's attorney subsequently appealed. In an RFA form dated May 23, 2014, MRI imaging of bilateral knees and bilateral ankles, physical therapy for the bilateral knees and bilateral ankles, and a topical compounded medication were sought. The applicant reported chronic ankle pain, chronic knee pain, and a slightly impaired gait secondary to the same. The applicant was not working. Physical therapy, MRI imaging, and topical compounded medications were sought. Work restrictions were endorsed, although it did not appear that the applicant was working with said limitations in place. On June 27, 2014, the attending provider renewed his request for an MRI imaging of the bilateral feet and ankles. The applicant stated that ongoing usage of Motrin was proving effectual here.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 375, 374.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, page 374, disorders of soft tissue such as tendinitis, metatarsalgia, fasciitis, and neuroma yield negative radiographs and did not warrant other studies, such as the MRI imaging at issue here. Here, the applicant has ongoing, longstanding bilateral feet and ankle pain. The stated mechanism of injury was, in fact, cumulative trauma, implying that the applicant does, in fact, have a soft tissue disorder involving the injured feet and ankle, such as plantar fasciitis and/or tendinitis. The applicant was described as having some element of Achilles tendinitis on an office visit of May 13, 2014, it is incidentally noted. On that date, the requesting provider also suggested that the applicant had issues with chronic ankle sprain as the source of his pain complaints. MRI imaging, however, is scored a 0/4 in its ability to identify and define a suspected ankle sprain, the MTUS-adopted ACOEM Guidelines in Chapter 14, Table 14-5, page 375 note. The attending provider did not state how the proposed ankle MRI would influence or alter the treatment plan, nor did he clearly identify what was suspected and/or what was sought here. Therefore, the request is not medically necessary.