

Case Number:	CM14-0189376		
Date Assigned:	11/20/2014	Date of Injury:	09/09/2013
Decision Date:	01/08/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/13/2014

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 General Preventive Medicine and is licensed to practice in Indiana. 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 employee is a 65 year old female with date of injury of 9/9/2013. A review of the medical records indicates that the patient is undergoing treatment for right ankle injury leading to sprain and tenosynovitis. Subjective complaints include continued pain, swelling, and discoloration on the medial side of the right ankle. Objective findings include right ankle showing half an inch of swelling; tenderness in the medial malleolus down to the right foot; sensory exam normal; and MRI from 7/22/2014 showing insertional tendinopathy and tenosynovitis of the posterior tibialis tendon and medial collateral ligament (MCL) sprain. Treatment has included Tramadol and Naproxen. The utilization review dated 11/4/2014 non-certified 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 Page(s): 372-373. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot Procedure Summary (last updated 07/29/2014), Indications for Imaging - MRI (Magnetic Resonance Imaging)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 373-374. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot, Magnetic resonance imaging (MRI)

Decision rationale: ACOEM guidelines state "Routine testing, i.e., laboratory tests, plain-film radiographs of the foot or ankle, and special imaging studies are not recommended during the first month of activity limitation, except when a red flag noted on history or examination raises suspicion of a dangerous foot or ankle condition or of referred pain." The foot pain does appear to have been present for greater than one month. Official Disability Guidelines further specifies indications for MRI of foot:-Chronic foot pain, pain and tenderness over navicular tuberosity unresponsive to conservative therapy, plain radiographs showed accessory navicular-Chronic foot pain, athlete with pain and tenderness over tarsal navicular, plain radiographs are unremarkable-Chronic foot pain, burning pain and paresthesias along the plantar surface of the foot and toes, suspected of having tarsal tunnel syndrome-Chronic foot pain, pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspected-Chronic foot pain, young athlete presenting with localized pain at the plantar aspect of the heel, plantar fasciitis is suspected clinically. There was an MRI done on 7/22/2014, and no medical documentation showing any acute changes since then. The medical record does not show any of the above conditions. Therefore, the requested MRI of the right ankle is not medically necessary.