

<b>Case Number:</b>	CM14-0196579		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	05/15/2014
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Emergency Medicine and is licensed to practice in New York. 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 patient is a 60-year-old female who was injured on May 15, 2014. The patient continued to experience pain in her right ankle. Physical examination was notable for awkward gait, normal range of motion at bilateral ankles, limited subtalar movements on the right, stable ankle, and intact sensation. Diagnoses included chronic sprain/strain right ankle and heel and previous ankle sprain. Treatment included physical therapy and medications. Requests for authorization for x-ray right ankle and MRI of the right ankle were submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray of the 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): 373-374.

**Decision rationale:** Ankle x-rays are indicated for acute injuries if the patient is experiencing pain in the malleolar area, inability to bear weight in the Emergency Department, rapid onset of swelling and bruising, injury is high-velocity, or obvious dislocation/subluxation. For patients with continued limitations of activity after four weeks of symptoms and unexplained physical

findings such as effusion or localized pain, especially following exercise, imaging may be indicated to clarify the diagnosis and assist reconditioning. In this case there is no documentation that there is ankle tenderness or effusion. There is no indication for the ankle x-ray. The request is not medically necessary.

**MRI of the right ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

**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:** Indications for MRI of the right ankle are as follows: -Chronic ankle pain, suspected osteochondral injury, plain films normal-Chronic ankle pain, suspected tendinopathy, plain films normal-Chronic ankle pain, pain of uncertain etiology, plain films normal-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 clinicallyIn this case, patient has no red flags and there is no documented tenderness or effusion of the right ankle on physical examination. There is no indication for the MRI of the ankle. The request is not medically necessary.