

<b>Case Number:</b>	CM15-0007549		
<b>Date Assigned:</b>	01/22/2015	<b>Date of Injury:</b>	06/29/2009
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 54-year-old male who reported an injury on 06/29/2009. The mechanism of injury was a slip and fall. He is diagnosed with bilateral ankle and foot. An MRI of the left ankle on 10/29/2013 revealed degenerative changes of the midfoot and hindfoot, nonspecific effusions, small "multilocular" ganglion cyst, moderate thickening of the talofibular ligament, and evidence of an old healed avulsion injury. There was also an ill defined tear of the peroneus brevis tendon and inflammatory changes along the medial aspect of the lower leg and ankle. Past treatments were noted to include medications. The injured worker's symptoms were noted to include left foot and knee pain, as well as bilateral leg pain and numbness. He also reported persistent ankle pain and was waiting to see an orthopedic specialist for the left ankle. Physical examination revealed an antalgic gait. Recommendation was made for an MRI of the left foot. However, a specific rationale for the MRI of the left foot was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI LEFT FOOT:** 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): 372-374.

**Decision rationale:** According to the California MTUS/ACOEM Guidelines, special studies are not needed for foot and ankle disorders until after a period of conservative care and observation as most foot and ankle problems improve quickly once red flag issues are ruled out. The submitted clinical information indicated that the injured worker reported left ankle pain. Previous MRI of the left ankle revealed significant pathology and it was noted he was pending an evaluation by an orthopedic surgeon. However, specific rationale for the MRI of the left foot was not provided. There was also a lack of documentation regarding an adequate period of conservative care for his left foot pain. Moreover, it is unclear how the addition of an MRI of the left foot will change the therapeutic treatment plan regarding the significant pathology of the left ankle at this time. For these reasons, the request is not medically necessary.