

<b>Case Number:</b>	CM15-0143689		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	06/07/2012
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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] beneficiary who has filed a claim for chronic foot and ankle pain reportedly associated with an industrial injury of June 7, 2012. In a Utilization Review report dated July 17, 2015, the claims administrator failed to approve a request for MRI imaging of the ankle. The claims administrator referenced an RFA form received on July 8, 2015 in its determination. The applicant's attorney subsequently appealed. In a February 10, 2015 progress note, the applicant reported multifocal complaints of foot and ankle pain. The applicant was employing acupuncture, Voltaren gel, Lidoderm patches, and a cane, it was reported. Work restrictions previously imposed by an Agreed Medical Evaluator (AME) were renewed. It did not appear that the applicant was working with said limitations in place, although, this was not explicitly stated. Earlier MRI imaging of the foot dated August 28, 2012 was notable for absence of any significant osseous injury or degenerative changes. MRI imaging of the ankle dated August 16, 2012 was also notable for possible tendinosis about the peroneal tendon. On June 2, 2015, the attending provider ordered MRI imaging of the ankle and foot on the grounds that the applicant had not had any imaging since 2012. The requesting provider was a family practitioner, it was reported. The applicant had derivative complaints of psychological stress, it was reported. The applicant was described as having chronic neuropathic pain and/or foot and ankle pain associated with a chronic sprain-type injury. It was not stated how (or if) the proposed the foot or ankle MRI would influence or alter the treatment plan.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot.

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

**Decision rationale:** No, the request for MRI imaging of the ankle was not medically necessary, medically appropriate, or indicated here. The attending provider stated in a June 2, 2015 progress note that the primary operating diagnoses were chronic foot and ankle pain imputed to secondary sprain-type injury. However, the MTUS Guideline in ACOEM Chapter 14, Table 14-5, page 375 scores MRI imaging is 0/4 in its ability to identify and define suspected ankle pain due to ankle sprains. The attending provider did not furnish a clear or compelling rationale for usage of MRI imaging for a diagnosis for which it is scored poorly in its ability to identify and define, per the MTUS Guideline in ACOEM Chapter 14, Table 14-5, page 375. The attending provider seemingly ordered the study in question for routine evaluation purposes; it was acknowledged that the applicant had not had recent imaging involving the foot and ankle. The requesting provider was a family practitioner (as opposed to a podiatrist or ankle surgeon), significantly reducing the likelihood of the applicant's acting on the results of the study in question and/or going on to consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.