

<b>Case Number:</b>	CM15-0163497		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	06/18/2009
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 60 year old female with an industrial injury dated 06-18-2009. The injured worker's diagnoses include right foot and ankle pain and left knee pain. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 07-24-2015, the injured worker reported left knee pain, right foot pain, left ankle pain and increased depression. Objective findings revealed tenderness to palpitation on the right foot and ankle, substantial swelling at the lateral side of her ankle, tenderness with palpitation along the peroneus brevis, and pain with single toe raise at the lateral aspect of the right ankle. The treatment plans consisted of medication management, consult referral and updated diagnostic studies. The treating physician prescribed services for MRI of the right ankle without contrast and a MRI of the right foot without contrast, now under review.

### 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 without contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): Ankle/foot complaints, page 374-375.

**Decision rationale:** Guidelines states that most joint problems improve quickly once any red-flag issues such as tumors, osteonecrosis, occult acute fracture are ruled out. For patients with significant Hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of pain symptoms may carry a significant risk of diagnostic confusion (false-positive test results). Submitted reports have not adequately demonstrated remarkable symptoms, clinical findings, diagnoses, or identified acute flare-up, new injuries or progressive change to support for repeating the imaging study. The MRI of the right ankle without contrast is not medically necessary and appropriate.

**MRI of the right foot without contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): Ankle/foot complaints, page 374-375.

**Decision rationale:** Guidelines state MRI of the foot and ankle provides a more definitive visualization of the soft tissue structures, including ligaments, tendons, joint capsule, menisci and joint cartilage structures, than x-ray or CT scan in the evaluation of traumatic or degenerative injuries. The majority of cases can be successfully treated conservatively, but in cases requiring surgery (eg, plantar fascia rupture in competitive athletes, deeply infiltrating plantar fibromatosis, masses causing tarsal tunnel syndrome), MR imaging is especially useful in planning surgical treatment by showing the exact location and extent of the lesion; however, the imaging study is not recommended as a screening tool, but reserved for more specific diagnoses or plan operative interventions, not presented here. Indications also require normal findings on plain films with suspected osteochondral injury, tendinopathy not identified here. Submitted reports have not adequately demonstrated new injury, progressive neurological deficits or identified any acute instability to support for the MRI. The MRI of the right foot without contrast is not medically necessary and appropriate.