MAXIMUS Federal Services

Case Number:	CM15-0164987		
Date Assigned:	09/02/2015	Date of Injury:	04/17/2014
Decision Date:	10/05/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/21/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 39 year old female sustained an industrial injury to the ankles and feet on 4-17-14. Documentation did not disclose recent magnetic resonance imaging. Previous treatment included physical therapy, bilateral fasciotomies (July 2014), orthoses and medications. In a podiatric follow-up report dated 7-13-15, the injured worker reported having an exacerbation to right ankle pain after twisting her right ankle on 7-6-15. In a podiatric follow-up report dated 7-30-15, the injured worker complained of continuing pain to the right lateral ankle. The injured worker stated that it had gotten better but was still giving her problems. Physical exam was remarkable for right ankle with maximum tenderness to palpation at the peroneus brevis with pain with eversion range of motion against resistance. Current diagnoses included chronic peroneus brevis tendonitis and tendon tear and bilateral sinus tarsi syndrome. The physician noted that the injured worker's last magnetic resonance imaging was six months ago and now she had a re-injury. The tendon tear could have worsened. The physician stated that there was a good chance that the injured worker would require surgery and needed further imaging to evaluate. The treatment plan included repeat right ankle magnetic resonance imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat right ankle MRI Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

Decision rationale: The ACOEM chapter on ankle complaints states: 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. Stress fractures may have a benign appearance, but point tenderness over the bone is indicative of the diagnosis and a radiograph or a bone scan may be ordered. Imaging findings should be correlated with physical findings. Disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies, e.g., magnetic resonance imaging (MRI). Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. Cases of hallux valgus that fail conservative treatment merit standing plain films to plan surgery, and consultation with the potential surgeon is recommended. Sprains are frequently seen after emergency room treatment in which radiographs are obtained to rule out fractures. Minimal sprains can be treated symptomatically without films. Table 14-5 provides a general comparison of the abilities of different techniques to identify physiologic insult and define anatomic defects. The provided clinical documentation for review does not meet these criteria and therefore the request is not medically necessary.