

Case Number:	CM15-0181657		
Date Assigned:	09/22/2015	Date of Injury:	02/26/2015
Decision Date:	11/03/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/15/2015

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 62-year-old female, who sustained an industrial injury on 2-26-15. Medical record indicated the injured worker is undergoing treatment for fractured left medial malleolus-closed and left tibialis tendinitis. Treatment to date has included physical therapy. (MRI) magnetic resonance imaging of left ankle performed on 8-28-15 revealed acute or sub-acute non-displaced fracture of the distal tibial epiphysis with marrow edema, circumferential soft tissue edema, tenosynovitis of the posterior tibialis tendon, mild tenosynovitis of the peroneus brevis and longus tendons and joint effusion of the tibiotalar joint. Currently on 8-27-15, the injured worker complains of persistent pain to the left ankle at times, which limits her ability to stand and walk. She is requesting (MRI) magnetic resonance imaging due to persistent sharp pain to left ankle. Physical exam performed on 8-27-15 revealed a slow and purposeful mildly antalgic gait, decreased strength with muscles to all groups to the left foot and ankle, tenderness to palpation over the mediolateral to the left ankle and mild edema of left ankle. The treatment plan included (MRI) magnetic resonance imaging of left ankle, AFO brace and follow up appointment. On 9-3-15, utilization review non-certified a request for (MRI) magnetic resonance imaging of left ankle noting regarding repeat (MRI) magnetic resonance imaging, ODG states "repeat (MRI) magnetic resonance imaging is not routinely recommended and should be reserved for a significant change in symptoms or findings suggestive of significant pathology, current documentation lacks recent ankle x-rays and lack of information concerning response of posterior tibial tendon symptoms to custom brace."

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient MRI to the left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot Chapter, MRI.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot chapter under Magnetic resonance imaging (MRI).

Decision rationale: The patient presents with persistent pain to the left ankle. The request is for outpatient MRI to the left ankle. The request for authorization is not provided. MRI of the left ankle, 03/28/15, shows an acute or sub acute non-displaced fracture of the distal tibial epiphysis with marrow edema noted; circumferential soft tissue edema; tenosynovitis of the posterior tibialis tendon; mild tenosynovitis of the peroneus brevis and longus tendons; there is joint effusion of the tibiotalar joint. Physical examination reveals a slow and purposeful mildly antalgic gait and has difficulty toe walking and cannot perform a full squat. The patient does not demonstrate full strength with muscle strength approximately a 4+ out of 5 to all groups to the left foot and ankle. There is tenderness to palpation over the mediolateral as to the left ankle. Treater is unable to elicit a tinel's to the tibial, peroneal, or sural nerves. There are no signs of any open lesions, ecchymosis or cellulitis. There is mild edema to the left ankle. She is currently completing physical therapy. Per progress report dated 08/27/15, the patient to continue with modified duty. ODG guidelines, ankle & foot chapter under magnetic resonance imaging (MRI) state: recommended as indicated below. MRI provides a more definitive visualization of soft tissue structures, including ligaments, tendons, joint capsule, menisci and joint cartilage structures, than x-ray or computerized axial tomography in the evaluation of traumatic or degenerative injuries. The guidelines also state that imaging is indicated due to chronic foot pain if plain films are normal and there is pain and tenderness over navicular tuberosity or the tarsal navicular with burning pain and paresthesias along the plantar surface of the foot and toes to suspected of having tarsal tunnel syndrome or pain in the 3-4 web space with radiation to the toes, morton's neuroma is clinically suspected. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Per progress report dated 08/27/15, treater's reason for the request is "to evaluate fracture healing as well as tendinitis to the tibialis posterior." The patient continues to have left ankle pain despite conservative care. However, review of provided medical records show an MRI of the left ankle was already performed on 03/28/15. ODG guidelines do not routinely recommend repeat MRIS. In this case, there is no discussion or documentation of significant change in symptoms or pathology to warrant a repeat MRI to the left ankle. Therefore, the request is not medically necessary.