

Case Number:	CM15-0183462		
Date Assigned:	09/24/2015	Date of Injury:	09/23/2012
Decision Date:	10/29/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/17/2015

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:

This injured worker is a 38 year old female, who sustained an industrial injury on 09-23-2012. The injured worker was diagnosed as having left ankle-foot sprain-strain rule out internal derangement, left ankle peroneus and brevis tendonitis and left ankle Achilles tenosynovitis. On medical records dated 07-30-2015 and 06-18-2015, subjective complaints were noted as burning left ankle, left foot and muscle spasms. Pain was rated at 5 out of 10. Pain was described as a constant, moderate to severe. Objective findings were noted as left ankle-foot revealed tenderness to palpation over the medial and lateral malleolus and over the heel. Left ankle was noted to have a decreased range of motion. The injured worker was placed on temporary total disability. The injured worker underwent a MRI of the left ankle on 07-20-2015 which revealed peroneus longus and brevis tendinosis versus partial tendon tears, with tenosynovitis and fibrosis of the peroneal retinaculum, focal Achilles tendinosis, posterior tibialis tenosynovitis, proximal plantar fasciitis with calcaneal enthesophyte, partial tear of the anterior inferior tibiofibular-posterior talofibular and deltoid ligaments, plantar calcaneocuboid ligament mucinous change versus partial tear, tibiotalar and posterior subtalar joint effusions, abductor digiti minimi atrophy-possible lateral plantar nerve impingement-neuropathy and resolution of flexor digitorum longus and flexor pollicis longus tenosynovitis. MRI of the left foot on 07-20-2015 revealed tibiotalar-posterior subtalar-anterior subtalar joint effusions, abductor digiti minimi muscle atrophy indicating possible entrapment neuropathy of the lateral planter nerve and there was no evidence of tenosynovitis in the visualized midfoot or forefoot. Treatments to date included chiropractic therapy and medication. Current medication was listed on 07-30-2015 included Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol and Cyclobenzaprine, Ketoprofen cream and compound topical cream. The Utilization Review (UR) was dated 08-27-2015. A request for MRI of left foot and MRI of left ankle was submitted. The UR submitted for this medical review indicated that the

request for MRI of the left foot and MRI of the left ankle was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left foot: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Special Studies.

Decision rationale: Review indicates the patient had recent MRI of left foot and ankle on 7/20/15 without reported progressive change in clinical findings or report of new acute injury. 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 (e.g., 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. Indications also require normal findings on plain films with suspected osteochondral injury, tendinopathy not demonstrated here. Submitted reports have not adequately demonstrated clear clinical findings with noted tenderness and decreased range without noted instability, new injury, neurological deficits or progression of status to support repeating the imaging studies. The MRI of the left foot is not medically necessary and appropriate.

MRI of the left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Special Studies.

Decision rationale: Review indicates the patient had recent MRI of left foot and ankle on 7/20/15 without reported progressive change in clinical findings or report of new acute injury. 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 (e.g., 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. Indications also require normal findings on plain films with suspected osteochondral injury, tendinopathy not demonstrated here. Submitted reports have not adequately demonstrated clear clinical findings with noted tenderness and decreased range without noted instability, new injury, neurological deficits or progression of status to support repeating the imaging studies. The MRI of the left ankle is not medically necessary and appropriate.