

<b>Case Number:</b>	CM15-0186214		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	01/10/2012
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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, Hawaii

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, who sustained an industrial injury on 1-10-2012. A review of the medical records indicates that the injured worker is undergoing treatment for status post left ankle arthrotomy and partial synovectomy, posterior tibial tendon, left ankle surgical syndrome with painful gait. On 7-27-2015, the injured worker reported 6-7 out of 10 achy pain despite the completed post-op physical therapy, with more arm, back, and leg pain. The Primary Treating Physician's report dated 7-27-2015, noted no change in the injured worker's function since the previous examination. The injured worker was noted to have an antalgic gait. The treatment plan was noted to include a request for a MRI of the left ankle. The injured worker's work status was noted to be temporary total disability through the next 6 weeks. The Treating Physician's report dated 8-12-2015, noted the injured worker ambulating with a cane and ankle brace on the left ankle, with continued pain with full weight bearing status. The injured worker was noted to have continued pain about the posterior tibialis tendon. The request for authorization dated 7-29-2015, requested a MRI of the left ankle. The Utilization Review (UR) dated 8-19-2015, non-certified the request for a MRI of the left ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the left ankle:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic) - Magnetic resonance imaging (MRIs).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Ankle & Foot, MRI.

**Decision rationale:** The patient presents with pain affecting the left ankle. The current request is for MRI of the left ankle. The treating physician report dated 7/27/15 (509B) states, "Podiatry requesting left ankle MRI which is pending. Same c/o 6-7 aching pain despite post-op PT completed." The report dated 7/1/15 (352B) states, "In view of her significant persistent symptoms, it is medically necessary to acquire a MRI study of her left ankle. This study will serve to provide information regarding the origin of her pain and give a clearer picture as to the disposition of her ankle joint." The MTUS guidelines do not address the current request. The ODG guidelines Ankle and Foot Chapter regarding MRI, states that imaging is indicated due to chronic ankle pain if plain films are normal and there is suspected osteochondral injury, suspected tendinopathy or pain of uncertain etiology. In this case, given the patient's persistent ankle pain and lack of functional improvement from conservative care, the treating physicians request for an MRI to "establish her diagnoses and determine what medical treatment will provide her with the best outcome from her injury," appears appropriate. Furthermore, there is no evidence that the patient has had a prior MRI scan. The current request is supported by the ODG guidelines and is medically necessary.