

<b>Case Number:</b>	CM15-0200063		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	09/20/2014
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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, 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:

The injured worker is a 47 year old male, who sustained an industrial injury on 9-20-14. The injured worker was diagnosed as having right ankle sprain; right sinus tarsi tunnel syndrome. Treatment to date has included physical therapy; acupuncture; right ankle -tarsi tunnel injection; medications. Diagnostics studies included MRI right ankle (10-30-14). Currently, the PR-2 notes dated 9-8-15 indicated the injured worker has received a right tarsi tunnel injection by another provider with lidocaine, Kenalog and Marcaine on 7-16-15, documented as "without benefit". The injured worker continues to be symptomatic and has more low back pain due to gait mechanics. He has an ankle brace, which he wears at night and reports it is somewhat helpful. He is in this office to discuss options and may need to repeat his MRI. He notes his current complaints have not changed and right ankle pains can be severe. He notes swelling when he is standing on it and has stabbing pains lateral ankle with walking and standing that radiate to his dorsal foot. He has pain walking over uneven ground at work but wants to continue full duty if possible. He notes ongoing neck and back pains and feels stabbing neck pains and pins and needles to his mid back. He has occasional headaches and rest will help. He has more pain with turning his head and reaching upwards or pulling. The provider documents his pain scale on this day as "5". Current medications are listed as Mobic 7.5mg twice a day as needed. PR-2 notes dated 5-4-15, document a MRI of the right ankle dated 10-30-14, which showed "anterior talofibular tear, ankle effusion, bimalleolar soft tissue effusion, and Achilles tendinosis." A MRI of the right ankle dated 10-30-14 was submitted with the medical documentation as well. There is no evidence another MRI of the right ankle has been completed. A Request for Authorization

is dated 10-12-15. A Utilization Review letter is dated 9-28-15 and non-certification for MRI of the right ankle without contrast. Utilization Review notes "A request for information was sent on September 21, 2015 noting that an MRI arthrogram of the right ankle was authorized on 9-16-15. Clarification was requested as to whether the current request for an MRI of the right ankle is still needed. If it is still needed, documentation to support further diagnostics in addition to the MRI arthrogram was requested." A request for authorization has been received for MRI of the right ankle without contrast.

### **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:** 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, Magnetic resonance imaging (MRI).

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

**Decision rationale:** The patient's date of injury to the right ankle is 9/20/2014. An MRI was performed on 10/30/2014, which showed a tear of the anterofibular ligament. In September of 2015, the patient was seen for complaints of right lateral ankle pain, swelling and clicking/popping in the joint. An updated MRI was recommended and on 9/15/2015, an MR arthrogram of the right ankle was approved. The request is now for an MRI of the right ankle without contrast, which appears redundant given the prior approval of the arthrogram. Therefore, the request is not medically necessary or appropriate.