

<b>Case Number:</b>	CM15-0205636		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	06/24/2015
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: Arizona, California  
 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 injured worker is a 60 year old male, who sustained an industrial injury on 06-24-2015. The injured worker was diagnosed as having partial tear insertion left Achilles tendon (50% tendon thickness) also oblique longitudinal split tear. On medical records dated 09-29-2015, the subjective complaints were noted as left heel constant pain. Objective findings were noted as left ankle tenderness at Achilles tendon, edema and ecchymosis. Treatments to date included walking boot, cane, cast, ice, medication and fracture brace walker. The injured worker was noted to have undergone an MRI of left ankle on 07-07-2015, which revealed a partial tear of the Achilles tendon. The provider recommended a repeat MRI of left ankle to check the status of Achilles tendon healing. The injured worker was noted to be temporarily totally disabled. Current medications were not listed on 09-29-2015. The Utilization Review (UR) was dated 10-07-2015. A Request for Authorization was dated 10-02-2015. The UR submitted for this medical review indicated that the request for MRI 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 left ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 13th Edition (web), 2015, Ankle & Foot Chapter, MRI.

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

**Decision rationale:** According to the guidelines, an MRI is indicated if there is greater than a 13 mm effusion on x-ray or there is chronic pain, which is non-diagnostic on plain films. In this case, the claimant had a partial tear of the achilles tendon. An MRI was performed 2 months prior. Healing and edema can persist for several months. Although there is pain, there is no indication for worsening. There is no mention for an MRI in preparation of surgery. As a result, the request is not medically necessary.