

<b>Case Number:</b>	CM15-0207794		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	07/17/2015
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 31 year old male, who sustained an industrial injury on 7-17-2015. The injured worker is undergoing treatment for: left foot and ankle pain, and bilateral hand pain. On 8-18-15, he denied ankle pain of the affected foot, denied numbness and tingling of the foot and toes. On 9-5-15, 9-21-15, and 10-3-15, he reported feeling he was getting worse. He indicated he has been pushing a wheelchair at work and now his hands are "bothering" him. He also reported pain and weakness with pain radiation into the arm, leg and foot. Objective findings revealed a worn CAM walker, tenderness and pain with range of motion of the foot and ankle, stiffness of the fingers and wrists along with noted swelling and tenderness of the hand, negative phalen's. 10-19-15, he is reported as walking with a CAM walker which is noted to be completely worn. Objective findings revealed he had reported pain to the left foot and ankle, swelling is noted to the area along with decreased range of motion and tenderness to the left foot and ankle. The treatment and diagnostic testing to date has included: CAM walker, x-rays, Medications have included: none documented. Current work status: disabled. The request for authorization is for: magnetic resonance imaging of the left foot and ankle. The UR dated 9-22-2015: non-certified the requests for magnetic resonance imaging of the left foot and 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:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and foot section, MRI ankle.

**Decision rationale:** Pursuant to the Official Disability Guidelines, MRI left ankle is not medically necessary. MRI provides a more definitive visualization of soft tissue structures, including ligaments, tendons, joints capsule, menisci and joint cartilage structures that x-ray or CT scan in the evaluation of traumatic or degenerative injuries. The majority of patients with heel pain can be treated conservatively, but cases requiring surgery MR imaging is useful. MRI reliably detects acute tears of the anterior talo-fibular ligament and calcanealfibular ligament. Indications for MRI imaging include, but are not limited to, chronic ankle pain, suspect osteochondral injury with normal plain films; suspected tendinopathy, plain films normal; pain of uncertain etiology, plain films normal; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are history of injury to the left ankle; sprained ankle; suspect fracture at the base of the left foot metatarsal. Date of injury is July 17, 2015. Request authorization is September 15, 2015. According to a September 5, 2015 progress note, this 31-year-old man presents with ongoing pain and swelling in the foot. The injured worker uses crutches to ambulate and wears a CAM walker. The injured worker uses a wheelchair at work. No x-rays have been performed. The treating provider is requesting both x-rays and an MRI of the left ankle and foot. An MRI request is premature without radiographic evaluation first. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no evidence of radiographic plain x-ray workup of the left ankle, MRI left ankle is not medically necessary.

**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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and foot section, MRI foot.

**Decision rationale:** Pursuant to the Official Disability Guidelines, MRI left foot is not medically necessary. MRI provides a more definitive visualization of soft tissue structures, including ligaments, tendons, joints capsule, menisci and joint cartilage structures that x-ray or CT scan in the evaluation of traumatic or degenerative injuries. The majority of patients with heel pain can be treated conservatively, but cases requiring surgery MR imaging is useful. MRI reliably detects acute tears of the anterior talo-fibular ligament and calcanealfibular ligament. Indications for MRI imaging include, but are not limited to, chronic ankle pain, suspect osteochondral injury with normal plain films; suspected tendinopathy, plain films normal; pain of uncertain etiology, plain films normal; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are history of injury to the left ankle; sprained ankle; suspect fracture at the base of the left foot metatarsal. Date of injury is July 17, 2015.

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