

<b>Case Number:</b>	CM15-0208759		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	05/01/2014
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 55-year-old who has filed a claim for chronic foot and ankle pain reportedly associated with an industrial injury of May 1, 2014. In a Utilization Review report dated September 24, 2015, the claims administrator failed to approve a request for MRI imaging of the right distal Achilles. The claims administrator referenced a September 2, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 2, 2015 office visit, the applicant reported ongoing complaints of foot and ankle pain, most prominent about the Achilles tendon. The applicant had comorbidities including diabetes, hypertension, and anemia, it was reported. The applicant was obese, standing 5 feet 3 inches tall, and weighing 262 pounds, it was reported. The applicant exhibited tenderness about the distal Achilles with well-preserved motor function. The applicant was described as having Achilles tendonitis versus partial tear of the same. The applicant was returned to regular work. MRI imaging of the ankle was sought. The requesting provider, a podiatrist, suggested that the applicant had already had non-operative treatment for the Achilles injury via a CAM Walker. The attending provider suggested that the claimant could potentially consider surgical intervention here.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI without contrast of the right distal achilles:** Overturned

**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 ACOEM Occupational Medicine Practice Guidelines, 3rd Edition, Ankle and Foot Disorders, page 1160, MRI.

**Decision rationale:** Yes, the request for MRI imaging without contrast of the right distal ankle was medically necessary, medically appropriate, and indicated here. While the MTUS Guideline in ACOEM Chapter 14, Table 14-5, page 375 does score MRI imaging of the foot and ankle a 2/4 in its ability to identify and define suspected tendonitis, i.e., one of the diagnoses seemingly suspected here, this recommendation is, however, contravened by a more updated Medical Treatment Guideline (MTG) in the form of the Third Edition ACOEM Guidelines Ankle and Foot Disorders Chapter, which notes that MRI imaging is recommended to evaluate the Achilles tendon particularly in applicants where there is diagnostic uncertainty. Here, the requesting provider, a podiatrist, contended that the applicant could potentially have a partial tear of the Achilles tendon which he believed did potentially warrant surgical intervention, given the applicant's suboptimal response to conservative treatment with time, medications, a CAM Walker, etc. Moving forward with the proposed MRI imaging of the right distal Achilles for potential preoperative planning purposes was, thus, indicated. Therefore, the request was medically necessary.