

Case Number:	CM15-0020837		
Date Assigned:	02/10/2015	Date of Injury:	03/01/2014
Decision Date:	04/06/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/04/2015

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, Arizona

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 43-year-old female who reported an injury on 03/01/2014. The mechanism of injury was unspecified. Her diagnosis includes Achilles tendinitis. Her past treatments include rest, medications, icing, immobilization, a boot, and brace. Pertinent diagnostic studies included a left ankle MRI performed on 08/29/2014 indicating minimal inflammation adjacent to the distal Achilles tendon, consistent with minimal tendinitis with no evidence of Achilles tendon tear. There was noted a small 7 mm calcaneal cyst and small joint effusion. On 12/30/2014, the injured worker complained of left foot pain. The physical examination revealed the Achilles tendon was painful to touch with mild edema at the left calcaneal insertion. Muscle strength was indicated to be normal and intact with no palpable defect. There was noted pain with range of motion with plantarflexion and dorsiflexion. There was noted normal biomechanical foot function. There was noted pain to palpation to the left sinus tarsi, although there was an absence of pain with eversion against resistance and no subluxation of the left peroneal tendons. Sensation and reflexes were indicated to be normal and intact. Her relevant medications were not noted on examination. The treatment plan included left foot MRI. The rationale was not provided. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left foot MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and foot.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle and foot, Magnetic resonance imaging (MRI).

Decision rationale: The request for a left foot MRI is not medically necessary. According to the Official Disability Guidelines, repeat MRIs are not routinely recommended and should be reserved for significant changes in symptoms and/or findings suggestive of significant pathology. The injured worker was indicated to have had an MRI of the left ankle on 08/29/2014, indicating minimal inflammation consistent with minimal tendinitis, a 7 mm calcaneal cyst, and small ankle joint effusion. The treating provider also indicated that the injured worker's symptoms were associated to her history of cervical nerve lesion, neurological and spinal etiology. In addition, there was a lack of significant changes in symptoms and findings upon examination. Furthermore, the documentation indicated her neurologic examination was normal and intact. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.