

<b>Case Number:</b>	CM15-0025014		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	07/22/2011
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Ohio, North Carolina, Virginia  
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 59-year-old male, who sustained an industrial injury on 7/22/2011. He reports hitting the right foot on a battery. Diagnoses include right ankle strain, left shoulder partial rotator cuff tear, and great toe fracture. Treatments to date include physical therapy, injections, acupuncture, and medication management. A progress note from the treating provider dated 12/11/2014 indicates the injured worker reported right foot and ankle pain and swelling. An MRI scan of the right ankle from 8-6-2012 showed the peroneus brevis ligament to be invaginated by the longus with longitudinal intersubstance delamination of the brevis distally. The injured worker had been wearing an ankle orthotic. He had been having lateral ankle swelling since 9-18-2014. The exam revealed lateral ankle edema with pain on inversion of the ankle. On 1/23/2015, Utilization Review non-certified the request for a right ankle magnetic resonance imaging, citing MTUS and ACOEM.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI right ankle:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Ankle chapter. MRI section

**Decision rationale:** The Expert Reviewer's decision rationale:-Indications for imaging, MRI (magnetic resonance imaging): Chronic ankle pain, suspected osteochondral injury, plain films normal-Chronic ankle pain, suspected tendinopathy, plain films normal, Chronic ankle pain, pain of uncertain etiology, plain films normal, Chronic foot pain, pain and tenderness over navicular tuberosity unresponsive to conservative therapy, plain radiographs showed accessory navicular, Chronic foot pain, athlete with pain and tenderness over tarsal navicular, plain radiographs are unremarkable, Chronic foot pain, burning pain and paresthesias along the plantar surface of the foot and toes, suspected of having tarsal tunnel syndrome, Chronic foot pain, pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspected, Chronic foot pain, young athlete presenting with localized pain at the plantar aspect of the heel, plantar fasciitis is suspected clinically, Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this instance, the status of the right ankle is unclear between 8/6/2012 and 9-18-2014 as most notes in the interim pertain to the injured worker's shoulder. However, even the persistence of swelling 3 years from the date of injury and 2 years from the last MRI scan may be suggestive of significant pathology. Therefore, an MRI of the right ankle is medically necessary.