

Case Number:	CM15-0210876		
Date Assigned:	10/29/2015	Date of Injury:	01/19/1998
Decision Date:	12/17/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/27/2015

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 64-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of January 19, 1998. In a Utilization Review report dated September 25, 2015, the claims administrator failed to approve a request for MRI imaging of ankle to include left gastrocnemius. The claims administrator referenced a December 14, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an appeal letter dated October 22, 2015, the attending provider appealed the previously denied left ankle MRI to include the gastrocnemius region. The attending provider said the applicant had ongoing complaints of low back, ankle, and leg pain. The applicant was poorly limping, the treating provider noted the applicant exhibited the swelling and tenderness about the Achilles tendon region, the treating provider reported. The applicant was given operating diagnosis of Achilles tendon rupture, previously treated with casting. The attending provider stated that the MRI of the ankle to include the gastrocnemius and Achilles could potentially influence the treatment plan. On October 15, 2015, the attending provider noted the applicant had ongoing issues with ankle pain generating associating difficulty walking. Permanent work restrictions were renewed. The attending provider stated he was appealing the previously denied ankle MRI. The applicant exhibited an antalgic gait. Naprosyn, Nucynta, Norflex, and Viagra were renewed and/or continued. On September 17, 2015, the attending provider contended the applicant had difficulty standing, walking, bending, and lifting for greater than 5 minutes continuously. The attending provider stated that MRI imaging was needed to evaluate the applicant's Achilles tendon and stated that the result of the same would influence the need for an orthopedic ankle surgery consultation.

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 to include mid gastronemius: Overturned

Claims Administrator 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 & Foot (Acute & Chronic), Magnetic resonance imaging (MRI).

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 ed., Ankle and Foot Disorders, page, 1124.

Decision rationale: Yes, the request for MRI imaging of the ankle to include the gastrocnemius muscle was medically necessary, medically appropriate, and indicated here. While the MTUS Guideline in ACOEM Chapter 14, Table 14-5, page 375 notes that MRI imaging is scored 2/4 in its ability to identify suspected and define suspected ligament tears, as was seemingly present here, this recommendation is, however, augmented 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 in the evaluation of applicants with suspected Achilles tendinopathy versus an Achilles tendon tear, i.e., the diagnoses suspected here. The attending provider reported on multiple dates of service, referenced above, the applicant still had residual pain and swelling about the injured ankle with associated gait derangement present status post casting for presumed Achilles tendon tear. The attending provider contended that the applicant was intent on acting on the result of the study in question and could potentially consider an orthopedic ankle surgery consultation based on the outcome of the same. MRI imaging was, thus, indicated to ascertain the presence of an Achilles tendinopathy versus an Achilles tendon tear for which surgical intervention and/or surgical consultation were apparently being considered. Therefore, the request was medically necessary.