Case Number:	CM15-0034206		
Date Assigned:	02/27/2015	**Date of Injury:**	10/17/2013
Decision Date:	07/02/2015	**UR Denial Date:**	01/29/2015
Priority:	Standard	**Application Received:**	02/23/2015

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: Maryland, Texas, Virginia
Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 40 year old female, who sustained an industrial injury on 10/17/13. She reported a right shoulder injury. The injured worker was diagnosed as having unspecified musculoskeletal disorders and symptoms of neck, unspecified back disorder, lumbosacral neuritis or radiculitis, shoulder tenosynovitis, medial epicondylitis of elbow, injury to ulnar nerve, carpal tunnel syndrome, derangement of meniscus, tarsal tunnel syndrome, plantar fascial fibromatosis and unspecified binocular vision disorder. Treatment to date has included oral medications including naproxen, Orphenadrine citrate and Prilosec, Flurbiprofen/ Gabapentin/cyclobenzaprine cream and Terocin patch, physical therapy, activity restrictions and home exercise program. Currently, the injured worker complains of bilateral shoulder pain and back pain. Physical exam noted tenderness to palpation of cervical spine, restricted range of motion of left and right shoulders, tenderness to paraspinal area bilaterally is noted with restricted range of motion of lumbar and thoracic spine, tenderness over the plantar fascia of left and right foot and tenderness over the medial and lateral malleolus of bilateral feet. The treatment plan included continuation of oral medications and a request for (MRI) magnetic resonance imaging of left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) Left Ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, MRI.

Decision rationale: In regards to ankle MRI, the MTUS states that, "Disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, andneuroma) yield negative radiographs and do not warrant other studies, e.g., magnetic resonance imaging (MRI). Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery." The medical records fail to document any of these conditions. The ODG recommends that, "MRI provides a more definitive visualization of soft tissue structures, including ligaments, tendons, joint capsule, menisci and joint cartilage structures, than x-ray or" the majority of patients with heel pain can be successfully treated conservatively, but in cases requiring surgery (eg, plantar fascia rupture in competitive athletes, deeply infiltrating plantar fibromatosis, masses causing tarsal tunnel syndrome), MRI imaging is especially useful in planning surgical treatment by showing the exact location and extent of the lesion. "After acute trauma, MRI is highly sensitive, specific and accurate for determining the level of injury to the ankle syndesmotic ligaments. (Kaminski, 2013) See also ACR Appropriateness Criteria." "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. (Mays, 2008) In this case, the medical records fail to document any of the above conditions and there is no plan for surgery. There is also no evidence of plain films of the ankle prior to the request for an MRI. As such, the request for Magnetic Resonance Imaging (MRI) Left Ankle is not medically necessary.