

<b>Case Number:</b>	CM15-0037847		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	02/10/2010
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: California

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 46 year old male, who sustained an industrial injury on 2/10/2010. He has reported twisting the right ankle while stepping off a bus. The diagnoses have included right ankle sprain with mild tenosynovitis and post tibial tendons, and compensatory right knee and left knee pain. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, physical therapy, a Transcutaneous Electrical Nerve Stimulation (TENS) unit, topical creams, an ankle brace and shoe footwear. Currently, the Injured Worker complains of continued right ankle pain with left ankle/knee pain due to compensatory strategies. The physical examination from 2/5/15 documented right ankle pain with increased weight bearing decreased sensation to right heel, tenderness with palpation, and positive inversion stress. On 2/27/2015, the injured worker submitted an application for IMR for review of Magnetic Resonance Imaging (MRI) of the right ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the Right Ankle:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2014, Ankle & Foot Chapter, Magnetic resonance imaging (MRI).

**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 Foot/ ankle chapter, MRI's.

**Decision rationale:** Based on the 1/27/15 progress report provided by the treating physician, this patient presents with increased right ankle pain described as sharp, cutting pain across the ankle, and increased pain with standing/walking, controlling foot pedals, with overall pain rated 4-8/10 on VAS scale. The treater has asked for MRI OF THE RIGHT ANKLE but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is s/p prescription medications, home exercise program, home TENS, and 6/27/13 cortisone injection with temporary decrease of pain by 60% for a couple of days per 1/27/15 report. The patient has been using transdermal creams on ankle which haven't been very effective, and has had slight improvement with TENS unit per 10/8/14 report. The patient has not yet had an ankle surgery but it being recommended for one currently per 1/27/15 report. The patient has continued to work for the past 1-2 years. ACOEM guidelines page 374 states following regarding MRIs of the foot/ankle: "For patients with continued limitations of activity after four weeks of symptoms and unexplained physical findings such as effusion or localized pain, especially following exercise, imaging may be indicated to clarify the diagnosis and assist reconditioning. Stress fractures may have a benign appearance, but point tenderness over the bone is indicative of the diagnosis and a radiograph or a bone scan may be ordered. Imaging findings should be correlated with physical findings. Disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) 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". ODG-TWC guidelines has the following in the foot/ankle section recommends MRI's for suspected osteochondral injury, tendinopathy, and pain of uncertain etiology when plain films are negative; for suspected tarsal tunnel syndrome, Morton's neuroma, plantar fasciitis pain, and for navicular pain unresponsive to therapy. In this case, the has not yet had an MRI of the right foot/ankle per review of reports dated 10/8/14 to 1/27/15. The treater does not explain the purpose of the MRI. However, the patient has chronic pain, tenderness of Achilles tendon, Peronial, lateral collateral ligament, pain with inversion stress, and decreased sensation in the right heel, as per the 1/27/15 physical exam. Given the patient has not yet had a right ankle MRI and has persistent symptoms, the request IS medically necessary.