

Case Number:	CM15-0052699		
Date Assigned:	03/26/2015	Date of Injury:	12/10/2009
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/19/2015

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: North Carolina, Georgia
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 61 year old female, who sustained an industrial injury on 12/10/09. She reported right leg and foot injury. The injured worker was diagnosed as having lumbar radiculopathy, lumbar sprain/strain, right knee chondromalacia, left knee chondromalacia, right ankle and foot joint pain and right ankle/foot difficulty walking. Treatment to date has included pain management and physical therapy. (MRI) magnetic resonance imaging and (EMG) Electromyogram studies have been performed in the past. Currently, the injured worker complains of occasional moderate, achy low back pain; constant moderate, achy right and left knee pain and frequent moderate achy right foot pain. Upon physical exam tenderness is noted to palpation of the lumbar paravertebral muscles with muscle spasm, tenderness to palpation of anterior, lateral, medial and posterior right and left knee and tenderness to palpation of the calcaneus dome and dome of talus of right foot. The treatment plan consisted of request for acupuncture, (EMG) Electromyogram/(NCV) Nerve Condition Velocity studies and gabapentin/amitriptyline/bupivacaine cream and (MRI) magnetic resonance imaging due to worsening mechanical painful symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle-Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle Foot Procedure Summary, MRI indications.

Decision rationale: ACOEM chapter on foot and ankle complaints recommends imaging, in the form of plain films, after a trial conservative therapy, and does not address the use of MRI. The ODG section on Ankle and Foot describes use of MRI to evaluate chronic ankle and foot pain when plain films are negative, for chronic foot pain with paresthesias if Morton's neuroma or tarsal tunnel syndrome are suspected based on clinical presentation. Repeat MRIs are indicated when there is a substantial change in symptoms. In this case, there was an MRI performed September of 2013 with no substantial change in symptoms since that time. MRI of right ankle is not medically indicated.