

Case Number:	CM15-0057537		
Date Assigned:	04/02/2015	Date of Injury:	06/27/2013
Decision Date:	05/07/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/26/2015

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, California
 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:

This is a 32 year old female patient, who sustained an industrial injury on June 27, 2013. The diagnoses include plantar fasciitis and posterior tibial tendonitis. He/She sustained the injury due to pallet landing on right foot. Per the doctor's note dated 3/12/2015, she had complains of pain and swelling of the right ankle joint and right heel pain. Per the doctor's note dated 2/12/2015, she had complains of pain and swelling of the right ankle joint, and right heel pain. The physical exam revealed normal dorsalis pedis pulses, edema, and normal capillary refill time of the toes, no erythema, warmth, or deformity of the ankle, no tenderness to palpation of the Achilles tendon insertion, normal ankle range of motion with pain, extremes of ankle range of motion elicited pain, and no instability; right medial ankle swelling, tenderness to palpation of the tibialis posterior tendon at insertion, above the malleolus, at the malleolus, below the malleolus, posteromedial aspect, and posterior aspect; swelling of the feet and tenderness to palpation of the plantar aspect of the heel, a negative tarsal Tinel's sign, no swelling or tenderness to palpation of the toes, and normal toe motion, grossly intact light touch and toe raise with pain and weakness. The medications list includes lyrica and ibuprofen. She has had right ankle MRI on 8/31/13 which revealed some thickening of anterior talofibular ligament, os trigonum with some edema at the synchondrosis and some ganglion cysts around the transverse ligament. Treatment to date has included x-rays, work modifications, rest, ice, compression, elevation, physical therapy, a leg cast, and medications including non-steroidal anti-inflammatory, topical pain, and oral pain. She recently had a right ankle MRI on 3/23/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right ankle without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Ankle & Foot (updated 03/26/15)Magnetic resonance imaging (MRI).

Decision rationale: Request: MRI right ankle without contrast. Per the cited guidelines "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." Patient has already had right ankle MRI on 8/31/13 which revealed some thickening of the anterior talofibular ligament, os trigonum with some edema at the synchondrosis and some ganglion cysts around the transverse ligament. Evidence of significant change in symptoms and/or findings suggestive of significant pathology since last MRI that would require repeat MRI is not specified in the records provided. Response to previous conservative therapy, including physical therapy, pharmacotherapy, modified activity, for the right ankle is not specified in the records provided. Previous conservative therapy notes are not specified in the records provided. A recent right ankle x-ray report is also not specified in the records provided. The medical necessity of a MRI right ankle without contrast is not fully established in this patient at that time. Therefore, the request is not medically necessary.