

Case Number:	CM15-0085178		
Date Assigned:	05/07/2015	Date of Injury:	08/20/2008
Decision Date:	06/22/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/04/2015

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: 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 injured worker is a 64-year-old female who reported an industrial injury on 8/20/2008. Her diagnoses, and/or impressions, are noted to include right posterior tibial tendonitis; neuritis/neuralgia of the right posterior tibial nerve; osteoarthritis of the right ankle; painful antalgic gait; and pain. The history notes a non-industrial paronychia of the right Hallux - lateral margin. No current imaging studies were noted. Her treatments have included wearing a brace; medication management; and a return to full work duties. The progress notes of 3/4/2014 noted complaints of intermittent, moderate, dull pain to the medial aspect of the right foot/ankle, aggravated by activity and weight bearing, and improved with topical medications. The objective findings were noted to include increased ankle/knee pain, cramping and joint pain with activity, morning stiffness and shin pain, and a marked decreased swelling over the medial aspect of the right ankle. The physician's requests for treatments were noted to include magnetic resonance imaging studies 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 with or without contrast of the right ankle QTY: 1.00: 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, 375.

Decision rationale: The MTUS Guidelines do not recommend the use of MRI for disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma). Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. Table 14-5 indicates that MRI may identify and define ligament tear, tendinitis, and neuroma, however physical examination is more useful. There are also no current x-rays reported. The request for MRI with or without contrast of the right ankle QTY: 1.00 determined to not be medically necessary.