

Case Number:	CM14-0123401		
Date Assigned:	08/08/2014	Date of Injury:	05/16/2013
Decision Date:	10/20/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/05/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Nephrology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 with a 5/16/2013 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 6/17/14 noted subjective complaints of ankle pain. Objective findings included tenderness in the right Achilles with FROM ankle. Diagnostic Impression: right ankle peroneal tear, Achilles tendonitis, peroneus brevis tendinitis Treatment to Date: physical therapy, acupuncture, medication management A UR decision dated 7/17/14 denied the request for MRI right ankle. The documentation does not indicate significant progression or recent changes/reinjury or evidence of internal derangement.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF RIGHT ANKLE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) page 372-374; Official Disability Guidelines (ODG) foot and ankle chapter

Decision rationale: CA MTUS states that 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. In addition, ODG states that ankle MRI is indicated with chronic ankle pain, pain of uncertain etiology, plain films normal. However, there is no documentation of any objective abnormalities to substantiate the requested imaging. There was noted to be FROM of the ankle joint. The patient has been diagnosed with tendonitis, which is a condition that does not warrant MRI. Therefore, the request for MRI of the right ankle was not medically necessary.