

<b>Case Number:</b>	CM14-0145328		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	10/03/2011
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic foot and ankle pain reportedly associated with an industrial injury of October 3, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; an ankle brace; and an ankle arthroscopy and tenolysis procedure of May 19, 2014. In a Utilization Review Report dated August 12, 2014, the claims administrator denied a request for MRI imaging of the ankle. The claims administrator seemingly based its decision on non-MTUS ODG Guidelines. The claims administrator stated that it was denying the request on the grounds that the applicant had not had recent plain films of the foot or ankle. The applicant's attorney subsequently appealed. On May 19, 2014, the applicant underwent a left ankle arthroscopy, debridement, and tenolysis of the peroneus brevis and peroneus longus tendons. In a handwritten note dated August 5, 2014, the applicant was reportedly feeling worse. The applicant reported pain about the scar and about the medial malleolus. In one section of the note, it was stated the applicant complained about catching of his foot and ankle while another section of the note suggested that the applicant's ankle was stable. The applicant was asked to remain off of work, on total temporary disability, continue physical therapy, and obtain MRI imaging of the ankle to reportedly rule out tendonitis.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Ankle and Foot Magnetic Resonance Imaging -MRI

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): Table 14-5, 375.

**Decision rationale:** The attending provider indicated that the suspected operating diagnosis here is that of ankle tendonitis. However, as noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, Table 14-5, page 375, MRI imaging is scored at 2/4 in its ability to identify and define suspected ankle tendonitis. In this case, the attending provider's documentation was sparse, handwritten, difficult to follow, not entirely legible, did not clearly state how the proposed MRI would influence or alter the treatment plan. There was neither an explicit statement nor an implicit expectation that the applicant would act on the results of the ankle MRI in question and/or consider further surgical intervention involving the same, for instance. The request, thus, is not indicated both owing to the tepid ACOEM position on the diagnostic test at issue for the suspected diagnosis and also owing to a lack of any statement from the attending provider as to how the diagnostic at issue would influence or alter the treatment plan. Therefore, the request is not medically necessary.