

Case Number:	CM14-0148018		
Date Assigned:	09/18/2014	Date of Injury:	06/17/2011
Decision Date:	11/14/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/11/2014

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 Physical Medicine & Rehabilitation 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 case involves a 55 year-old patient sustained an injury on 6/17/11 while employed by the [REDACTED]. Request(s) under consideration include right ankle MRI. Diagnoses include right ankle contusion and tendinitis. The MRI of the ankle on 2/17/12 showed minimal posterior tibial tendon tendinosis without other significant bony ligamentous abnormality. Reports of 3/4/14, 4/1/14, and 4/29/14 from the provider noted the patient with unchanged foot and ankle pain. Conservative care has included medications, physical therapy, TENS unit, and modified activities/rest. Exam was essentially identical and showed right foot with laxity about the ankle with valgus stress; and tender lateral aspect of foot with diffuse decreased sensation of right foot. Treatment included medication refills. Hand-written report of 7/18/14 from the provider noted persistent ongoing chronic ankle symptoms. Exam showed painful restricted range of motion. The request(s) for right ankle MRI was non-certified on 8/13/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right ankle MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter, Diagnostic Ultrasound, page 51

Decision rationale: Guidelines state MRI of the foot and ankle provides a more definitive visualization of the soft tissue structures, including ligaments, tendons, joint capsule, menisci and joint cartilage structures, than x-ray or CT scan in the evaluation of traumatic or degenerative injuries. The majority of cases can be successfully treated conservatively, but in cases requiring surgery (e.g., plantar fascia rupture in competitive athletes, deeply infiltrating plantar fibromatosis, masses causing tarsal tunnel syndrome). MR imaging is especially useful in planning surgical treatment by showing the exact location and extent of the lesion; however, the imaging study is not recommended as a screening tool, but reserved for more specific diagnoses or plan operative interventions, not presented here. Indications also require normal findings on plain films with suspected osteochondral injury, tendinopathy not demonstrated here. Additionally, previous MRI of the ankle showed mild tendinosis; otherwise, was unremarkable. Submitted reports have not adequately demonstrated clear diagnosis with correlating clinical findings to support for guidelines criteria of imaging with limited range, no specific instability, and diffuse whole foot sensation loss without dermatomal or myotomal pattern presentation on clinical exam. Therefore, this request is not medically necessary.