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| Case Number: | CM14-0165726 | | |
| Date Assigned: | 10/10/2014 | Date of Injury: | 06/30/2013 |
| Decision Date: | 11/12/2014 | UR Denial Date: | 09/12/2014 |
| Priority: | Standard | Application Received: | 10/08/2014 |

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 45 year old employee with date of injury of 6/30/2013. Medical records indicate the patient is undergoing treatment for left elbow contusion, rule out cubital tunnel syndrome and left ankle strain, rule out tendon tear. Subjective complaints include constant pain in the left elbow which is sensitive to touch. He has difficulty lifting, carrying, pulling and pushing. He has constant pain in his left ankle and he has difficulty walking or standing over one hour. There is numbness and tingling from the left ankle into the left foot. He walks with a limp due to pain. Objective findings include no loss of cervical lordosis. There is no tenderness to the cervical spine and range of motion (ROM) is full. The lumbar spine reveals a normal gait and a normal heel to toe walk and x-rays (no date) which included three views of the left ankle were within normal limits. There were changes along the interosseous membrane. Three views of the left elbow were within normal limits. Treatment has consisted of acupuncture, cold/heat and a stationary bicycle. No medications were prescribed. The utilization review determination was rendered on 9/12/2014 as not medically necessary of an MRI Left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left ankle: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-382. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, MRI

Decision rationale: ACOEM states "For most cases presenting with true foot and ankle disorders, special studies are usually not needed until after a period of conservative care and observation. Most ankle and foot problems improve quickly once any red-flag issues are ruled out". The treating physician has provided no evidence of red flags (infection, fracture, neurologic deficit, or vascular compromise). The ODG guidelines recommend MRI for the ankle as below. Indications for imaging -- MRI (magnetic resonance imaging):

- o Chronic ankle pain, suspected osteochondral injury, plain films normal
- o Chronic ankle pain, suspected tendinopathy, plain films normal
- o Chronic ankle pain, pain of uncertain etiology, plain films normal
- o Chronic foot pain, pain and tenderness over navicular tuberosity unresponsive to conservative therapy, plain radiographs showed accessory navicular
- o Chronic foot pain, athlete with pain and tenderness over tarsal navicular, plain radiographs are unremarkable
- o Chronic foot pain, burning pain and paresthesias along the plantar surface of the foot and toes, suspected of having tarsal tunnel syndrome
- o Chronic foot pain, pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspected
- o Chronic foot pain, young athlete presenting with localized pain at the plantar aspect of the heel, plantar fasciitis is suspected clinically

Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. While the patient is noted to have had an MRI over two years ago, the patient has had continued chronic ankle pain and on physical exam decreased dorsiflexion and plantar flexion. In addition, the treating physician read the plain films at the most recent visit as normal and noted changes along the interosseous structure. The treating physician has met the ODG criteria "Chronic ankle pain, pain of uncertain etiology, plain films normal" to justify an MRI of the ankle. As such, the request for MRI left ankle is/was medically necessary.