

<b>Case Number:</b>	CM14-0218214		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	09/03/2013
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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: Emergency 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:

This is a 48 year old female who suffered a work related injury on 09/03/2013. She fell on the stairs and twisted in an awkward fashion and hit the rail on a staircase with her shoulder and right leg. Diagnoses include cervical strain with myofascial pain syndrome, right shoulder impingement, lumbar sacral strain with radiculitis radiating to legs, right sacroiliac joint strain with piriformis muscle spasm, right hip strain, right knee medial meniscus strain or tear, right Achilles tendon strain versus tear, right plantar fasciitis, and pain induced depression. Treatment has included medications, chiropractic sessions, and injection in the AC joint which offered minimal relief. Magnetic Resonance Imaging of the right shoulder revealed areas of low grade partial-thickness tearing involving the articular and intrasubstance portion of the supraspinatus tendon at and adjacent to the footprint on a background of tendinosis with no full-thickness rotator cuff tearing identified, tearing at the superior labrum, suspect longitudinal tearing of the long head of the biceps tendon at the level of the bicipital groove. Intraarticular portion not well assess with tearing in this location not excluded, and subacromial/subdeltoid bursitis with suspected in the right clinical setting. On 10/21/2014 it is documented the injured worker complains of pain in different parts of the body. Right knee pain increased with weight bearing, squatting, prolonged sitting and kneeling. Right ankle pain increases with pressure on the calf. Physical examination of the ankle and feet reveal range of motion is normal, plantar front on the right exhibited tenderness to palpation and percussion. A physician progress note dated 12/16/2014 documents the injured worker continues to complain of headaches induced by neck pain, right jaw pain, neck pain; and her activities of daily living remain limited by the severity of

her chronic pain. The injured worker is temporarily totally disabled. The request is for a Magnetic Resonance Imaging of the Achilles tendon. Utilization Review dated 12/15/2014 non-certified the request for Magnetic Resonance Imaging of the right Achilles tendon citing California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM). 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. Magnetic Resonance Imaging may be helpful to clarify a diagnosis such as osterchondritis dissecans in cases of delayed recovery.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI of the right Achilles tendon:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372 - 374.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374 and 377. Decision based on Non-MTUS Citation Ankle and Foot

**Decision rationale:** As per ACOEM guidelines, MRI of ankle region is not recommended for tendinitis or other soft tissue pathology. As per Official Disability Guidelines, MRI of ankle region may be warranted for chronic pain that has not improved with conservative therapy or specific criteria. The provider has failed to document specific conservative treatment for the ankle and does not meet these other ODG criteria. There is no imaging reports provided for review. Patient does not meet any ACOEM or ODG criteria for MRI. MRI of achilles tendon is not medically necessary.