MAXIMUS Federal Services

Case Number:	CM14-0218228		
Date Assigned:	01/07/2015	Date of Injury:	08/12/2014
Decision Date:	03/03/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	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, Indiana, New York
Certification(s)/Specialty: Internal 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:

The injured worker suffered an unknown work related injury on 08/12/14. Per the physician notes from 12/08/14 xrays of the left foot showed a plantar calcaneal heel spur. There is minimal documentation for this date of service. The requested treatment is an outpatient MRI of the ankle. This treatment was denied by the Claims Administrator on 12/15/14 and was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient MRI of The Left Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ankle section, MRI

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the left ankle is not medically necessary. MRI provides a more definitive visualization of soft tissue structures including ligaments, tendons, joints capsule, menisci and joint cartilage structures, then x-ray or

computed tomography in the evaluation of traumatic degenerative injuries. The majority of patients with heel pain can be successfully treated conservatively, but in cases requiring surgery, magnetic resonance imaging is especially useful in planning surgical treatment by showing the exact location and extent of the lesion. The indications for magnetic resonance imaging are enumerated in the Official Disability Guidelines. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, the injured worker's working diagnoses are plantar fasciitis; and calcaneal contusion. Subjectively, the injured worker has complaints of a burning sensation to the right heel. Symptoms are aggravated with standing and walking. Objectively, distal sensation is intact. Muscle strength is normal. The injured worker uses Aleve for pain. The treating physician requested an MRI of the left ankle, however, there is no clinical indication or rationale for the imaging study. There is no discussion of anticipated surgery. The majority of patients with heel pain can be successfully treated conservatively. Consequently, absent clinical documentation to support an MRI of the left ankle in the absence of anticipated surgery or a clinical rationale, MRI left ankle is not medically necessary.