

<b>Case Number:</b>	CM15-0038415		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	08/12/2013
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 is a 52-year-old male who reported an injury on 08/12/2013, due to an unspecified mechanism of injury. On 02/04/2015, he presented for a follow-up evaluation regarding his work related injury. He was noted to be status post surgery of the right ankle and foot. He was noted to be ambulating in his boots and was going to physical therapy with continued improvement. He reported that the residual area of his soreness remained at the back of the right ankle. It was noted that he had undergone 2 cortisone injections in the area with temporary relief. A physical examination of the surgical sites showed no signs and symptoms consistent with infection and satisfactory skin healing with no drainage present. The right ankle showed smooth range of motion without discomfort and stable and negative talar tilt with a negative anterior drawer. Tenderness along the peroneal tendons, proximal and posterior to the lateral malleolus was noted. He had a mildly antalgic gait on the right, minimal edema, and PT and DP pulses were 2/4 bilaterally. Previous right ankle MRIs revealed mild peroneal tenosynovitis. The treatment plan was for an MRI of the right ankle to evaluate his peroneals and compare to previous study.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Imaging (MRI) of the right ankle:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The California ACOEM indicates that for most cases presenting with true foot and ankles disorders, special studies are not usually needed until after a period of conservative care and observation. The documentation provided does show that the injured worker had just undergone surgery and was attending physical therapy postoperatively. However, there is a lack of documentation showing that the injured worker has any significant functional deficits or indications that would support the request for an additional MRI. Also, a clear rationale was not provided for the medical necessity of comparing the peroneals to a previous study. Without this information, the request would not be supported by the evidence-based guideline. As such, the request is not medically necessary.