

<b>Case Number:</b>	CM15-0066672		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	08/26/2014
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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  
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:

The injured worker is a 56-year-old male who sustained an industrial injury on 8/26/14. The injured worker reported symptoms in the left upper extremity and left shoulder. The injured worker was diagnosed as having left wrist pain, left wrist status post open reduction and internal fixation colles fracture, left elbow pain, left elbow contusion, left traumatic tenoachilles tendinopathy, left shoulder strain and left shoulder impingement syndrome. Treatments to date have included physical therapy, activity modification, and short arm cast. Currently, the injured worker complains of discomfort in the left upper extremity and left shoulder. Patient's left ankle has some pain with prolonged plantar flexion. Ankle exam reveals tenderness to distal achilles with normal range of motion. The plan of care was for a magnetic resonance imaging and a follow up appointment at a later date. UR report dated 3/25/15 reports that discussion with provider reveals rationale for request. Patient reportedly had an x-ray on 12/3/14 that showed calcific density at distal achilles that could indicate an Hagland deformity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the left ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-373. Decision based on Non-MTUS Citation Official Disability

Guidelines-Treatment in Workers' Compensation (ODG-TWC) Ankle & Foot Procedure Summary Online Version last updated 12/22/2014 indications for imaging - MRI (magnetic resonance imaging).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 373-374.

**Decision rationale:** As per ACOEM guidelines, indications for foot imaging include "red flag" findings, physiological evidence of neurological or physiological dysfunction, signs of fractures, significant swelling and failure to progress in strengthening program and pre-invasive procedure. Patient has had a foot X-rays with a known findings. Exam and complaint of this finding is minimal. Patient does not have any "red flag" findings or any new changes in complaints. There is no documented conservative care of the ankle attempted at this time. Request and documentation does not meet criteria to recommend MRI. MRI of ankle is not medically necessary.