

<b>Case Number:</b>	CM14-0140600		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	02/23/1999
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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:

The injured worker is a 59 year old male who was injured on February 23, 1999. The mechanism of injury is noted as stepping off a fire truck. The diagnoses listed as lumbago (724.2). The most recent progress note dated 7/22/14, reveals complaints of ankle pain along with low back pain. Physical examination reveals neurological examination decreased bilateral feet sensation, dermatological decreased tone and turgor on the left and right ankle, pain with palpation on the left and right peroneal tendon, S. tarsi syndrome, tendinitis, tenosynovitis, low back pathology.. Prior treatment includes physical therapy, medications, velcro ankle braces, and orthotics. Diagnostic imaging studies included an MRI of the left ankle dated 1/30/08 revealed apparent talar beak as described above with degenerative changes superior extensor aspect talonavicular articulation. Although such configuration had increased association with talocalcaneal coalition, none was defined. A prior utilization review determination dated 8/1/14, resulted in denial of 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:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot & MRI

**Decision rationale:** This is a 59 year old male claimant who was injured on February 23, 1999. The mechanism of injury is noted as stepping off a fire truck. The claimant has chronic ankle pain. There has been a previous MRI dated 1/30/08 which revealed talar beak with degenerative changes of superior extensor aspect talonavicular articulation. The current physical examination documents decreased sensation with pain on palpation over the peroneal tendons. Given the possibility of peroneal tendonitis versus coalition formation, the requested repeat MRI of the Left ankle is reasonable and is recommended as medically necessary. However the findings may or may not be causally related to the alleged industrial injury of 2/23/1999.