

<b>Case Number:</b>	CM14-0141524		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	02/11/2008
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Family Medicine and is licensed to practice in North Carolina. 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 patient is a 53-year-old with a reported date of injury of 02/11/2008. The patient has the diagnoses of pain in joint/shoulder, cervical disc displacement, neck pain, sciatica and lumbar disc displacement without myelopathy. Past treatment modalities have included shoulder surgery. Per the progress reports provided by the primary and requesting physician dated 08/18/2014, the patient had complaints of low back and shoulder pain along with right ankle pain post fall. The physical exam noted mild swelling of the right ankle and tenderness to palpation over the Achilles tendon with pain with plantar and dorsiflexion and weakness. Treatment recommendations included request for Norco and MRI of the right ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the Right Ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot Chapter, MRI Section

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

**Decision rationale:** The ACOEM chapter on ankle complaints and special diagnostics states: For most cases presenting with true foot and ankle disorders, special studies are usually not needed until after a period of conservative care and observation. Most ankle and foot problems improve quickly once any red-flag issues are ruled out. Routine testing, i.e., laboratory tests, plain-film radiographs of the foot or ankle, and special imaging studies are not recommended during the first month of activity limitation, except when a red flag noted on history or examination raises suspicion of a dangerous foot or ankle condition or of referred pain. In this case, the injury is acute. There are no red flags that are evident per the physical exam. The patient has not even had a trial of conservative therapy. The physician notes that the Achilles tendon does not appear to be ruptured. Criteria have not been met per ACOEM for special diagnostic testing. Therefore the request is not medically necessary.