

Case Number:	CM13-0009468		
Date Assigned:	10/11/2013	Date of Injury:	11/01/2011
Decision Date:	04/07/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Medicine and is licensed to practice in Utah. 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 physician 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 66 year old male. The patient's date of injury is 11/01/11. The mechanism of injury was a fall at work, down several steps, injuring the back and left knee. The patient has had previous surgery, with a lumbar fusion on L4-L5. The patient has been diagnosed with lumbar post fusion syndrome, status post left knee internal derangement, diffuse regional myofascial pain, two knee arthroscopies, chronic pain syndrome, sleep disorder, and mood disorder. According to the clinical documents, the patient complained of inferior arch pain of the right foot, due to gait changes. The patient was diagnosed with a dorsal extensor tendonitis. The patient's pain had improved with treatments including foot inserts/orthotics, physical therapy, and ultrasound. The physical exam findings show dorsal tendonitis and plantar fasciitis. Medications include, but are not limited to, Gabapentin, Ibuprofen, Omeprazole, and Temazepam. The request is for MRI of the Right foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF RIGHT FOOT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS guidelines state the following: Disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies, e.g., magnetic resonance imaging (MRI). Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. According to the clinical documents there is a lack of documentation for previous imaging. An x-ray was ordered and approved. There is also a lack of specific medication for the foot itself, apart from the knee and back. According to the clinical documentation provided and current MTUS guidelines; the patient has a diagnosis of tendonitis in the foot. A MRI of the foot is not indicated as a medical necessity to the patient at this time