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| Case Number: | CM13-0012096 | | |
| Date Assigned: | 12/04/2013 | Date of Injury: | 03/01/2005 |
| Decision Date: | 03/28/2014 | UR Denial Date: | 08/05/2013 |
| Priority: | Standard | Application Received: | 08/16/2013 |

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 Orthopedic Surgery, has a subspecialty in Sports Medicine, and is licensed to practice in California. 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

On 11/23/04, the patient sustained a rupture of the left Achilles tendon. Chronic regional pain syndrome of the left lower extremity ensued. In the summer of 2013, complaints of a 2 month history of bilateral foot pain was reported. Exam on 7/24/13 noted no tenderness to ATFL, no deformity, and no deficit in motor exam or atrophy. Swelling and tenderness in bilateral mid feet is noted. Plain radiographs were done and no abnormality was noted. The concern was for stress fracture, and MRI scan of the right foot was requested. Left foot MRI was not certified. This is an appeal of that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 375.

Decision rationale: The ACOEM guidelines do not support the use of MRI of the left foot in aid of diagnosis for this patient, in my opinion. The guidelines state that "disorders of soft tissue (such as, tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies, EG, MRI. In addition, the Appropriateness Criteria recommend (ACR)

MRI when stress fracture is suspected and radiographs are negative The records provided for my review do not include documentation describing suspicion of stress fracture in the left foot. The records are consistent with suspicion for tendonitis, there is not an indication documented in the records provided for my review that satisfy the criteria set forth in the guidelines, my recommendation is therefore to uphold the previous recommendation for non-certification.