

Case Number:	CM13-0018462		
Date Assigned:	12/04/2013	Date of Injury:	04/01/2013
Decision Date:	01/24/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/29/2013

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 Physical Medicine & Rehabilitation 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. 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 24-year-old female who reported an injury on 04/01/2013. The patient is currently diagnosed with right foot ankle sprain, right lower extremity neuropathy and radiculopathy, lumbar spine strain with radiculopathy, posterior tibialis tenosynovitis, and small tibiotalar joint effusion. The patient was recently seen on 11/06/2013 by [REDACTED]. The patient reported 7/10 right foot pain. Physical examination of the right lower extremity revealed no ecchymosis, no inflammation, tenderness to palpation of the right medial ankle and right plantar ligament, and decreased sensation to light touch with limited range of motion. Treatment recommendations included continuation of acupuncture and TENS therapy. The patient was previously seen by [REDACTED] on 07/03/2013 where an MRI of the right ankle and foot was requested. ❄️

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right foot/ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter, MRI Section

Decision rationale: The ACOEM Guidelines state 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. Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. As per the clinical notes provided for review, there was no indication of this patient's failure to respond to conservative treatment prior to the request for an imaging study. There were no plain films obtained prior to the request for an MRI. The medical necessity for the requested service has not been established. As such, the request for MRI right foot/ankle is not medically necessary and appropriate.