Case Number:	CM13-0022090		
Date Assigned:	12/13/2013	**Date of Injury:**	08/16/2012
Decision Date:	02/21/2014	**UR Denial Date:**	08/29/2013
Priority:	Standard	**Application Received:**	09/09/2013

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 Occupational 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. 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 mail with the date of injury August 16, 2012. The patient has had numbness in the left foot worse with walking. Patient had an Open Reduction Internal Fixation (ORIF) the left great toe on October 19, 2012. X-ray dated September 30, 2013 indicates a 1 cm placard cuts videos her, deformity of the distal half of the distal failings of the great toe as well as the fact related to the needle aspect. The findings may indicate previous fracture with healing but incomplete bone remodeling is seen. There are mild arthritic changes in the first interphalangeal joint. There are no acute fractures or dislocations, no focal lytic or blastic regions, no osteonecrosis, no soft tissue calcifications or masses or other bone, joint or soft tissue abnormalities. X-ray of left toes 9/30/13 shows fracture of the distal phalanx of the great toe with indeterminate age of fracture. There is in the blue pollution line traverses the distal half of the distal feelings including its terminal tuft, there appears to be some Unionist fashion site, both immediately and on the eventual aspect. Findings are suggestive of a healing fracture of the distal half including the terminal top of the distal phalanx of the great toe, the fracture segments are in satisfactory physician alignment, bony union and remodeling are incomplete.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING (MRI) Left Great Toe: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS (2009), American College of

Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2008) page 1043. Additionally (ODG) Official Disability Guidelines, Ankle and Foot.

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

Decision rationale: MTUS states that MRI of the ankle or foot in ACOEM chapter 14 page 372 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." In this case, the patient has had surgery of the great toe one year prior. The patient still continues to experience significant pain in the toe and has difficulty walking. The patient had x-ray films that showed a questionable fracture, possible incomplete union one year after surgery. This is an extended amount of time to not have a complete healing of the bone, considering the patient does not have any other medical conditions that would delay recovery. As the healing of this fracture is in question, an MRI would be appropriate to evaluate patient's current foot condition.