

Case Number:	CM13-0027737		
Date Assigned:	11/22/2013	Date of Injury:	11/07/2011
Decision Date:	01/23/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/23/2013

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 and 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 25-year-old female who reported an injury on 11/07/2011 when a 90 pound object fell on the dorsum of the left foot, causing a crush injury. The patient underwent a series of x-rays and an MRI. The patient was treated with physical therapy, and medications. The patient underwent an electrodiagnostic study that determined no abnormal findings in the lower extremity. The patient's chronic pain continued to be managed with medications. The most recent clinical examination findings revealed that the patient had cervical, lumbosacral pain, and left foot complaints. Evaluation of the cervical spine revealed tenderness and spasms over the paracervical and trapezius musculature. Range of motion was described as 46 degrees in flexion, 58 degrees in extension, 68 degrees in rotation, and 18 degrees in right lateral bending. The patient had a positive compression test bilaterally. Evaluation of the lumbar spine revealed tenderness and spasming over the paravertebral area and tenderness over the bilateral sacroiliac joints. Range of motion was described as 60 degrees of flexion, 20 degrees in extension, 18 degrees in right lateral flexion, and 18 degrees in left lateral flexion. The patient had a positive left sided straight leg raising test, and a positive bilateral Kemp's test. The patient's diagnoses included left foot crush injury, left sacroiliac joint dysfunction secondary to altered gait, cervical/trapezius myofasciitis, lumbar spine strain secondary to the left foot crush injury, and sleeplessness secondary to chronic pain. The patient's treatment plan included chiropractic care with myofascial release, acupuncture, and continuation of medications.

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 and ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 1043. Decision based on Non-MTUS Citation Official Disability Guidelines Ankle and Foot

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 Ankle and Foot Chapter, section on MRI

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient previously underwent an MRI of the left ankle and foot. The ACOEM Guidelines do not recommend an MRI of the lower extremities in the absence of red flag conditions. Additionally, the Official Disability Guidelines do not recommend repeat imaging studies unless there is a significant change in the patient's pathology or progressive neurological deficits. Also, the patient's treatment plan includes chiropractic care and acupuncture. The efficacy of these treatments would need to be established prior to an imaging study. As such, the requested MRI of the left foot and ankle is not medically necessary and appropriate.