

<b>Case Number:</b>	CM13-0038505		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	04/22/2013
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 Podiatry Surgery and is licensed to practice in New York. 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:

According to the enclosed notes this patient had a bank vault door close on her left foot on 4-22-2013. X-rays were taken of the left foot on 4-22-2013 and no fracture was noted. Edema and ecchymosis to the left foot and ankle were noted. A diagnosis of ankle sprain and ankle injury left was made. The patient was advised to wear a gel splint, use crutches, ice, elevate, and rest. On 9-23-2013, the patient was seen by a podiatrist. She complained of sharp left foot pain and numbness to the 5th toe. The physical exam reveals tender lateral ankle ligaments, and tender calcaneal cuboid joint. The patient was put in an unna boot, CAM walker, given a trigger point injection to the painful foot, and a referral to a neurologist. It was also recommended that the patient have an MRI of her left foot and ankle to rule out ligament tear or intraarticular fracture. The trigger point injection did not work, so she was sent to physical therapy. MRI of the foot was again recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI for left foot:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

**Decision rationale:** After careful review of the MTUS guidelines involved in this case, it is my feeling that the MRI to the left foot is not medically reasonable or necessary at this time. The MTUS guidelines advise that: 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. Routine testing, i.e., laboratory tests, plain-film radiographs of the foot or ankle, and special imaging studies are not recommended during the first month of activity limitation, except when a red flag noted on history or examination raises suspicion of a dangerous foot or ankle condition or of referred pain. There is no evidence that this pt altered her ambulation in any way. In fact, she states that it took her a long time to get to the doctor because of her work obligations. Furthermore, the guidelines state that 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.