

Case Number:	CM13-0053271		
Date Assigned:	12/30/2013	Date of Injury:	11/01/2011
Decision Date:	04/29/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 records made available for review, the patient is a 66 year-old male with a 11/1/11 date of injury. At the time (7/9/13) of the request for authorization for MRI of the right foot/ankle, there is documentation of subjective (inferior arch pain of his right foot) and objective (slight inferior arch pain but more of the problem is right extensor tendonitis where there is some edema dorsally over the right foot), current diagnoses (dorsal extensor tendonitis of the right foot), and treatment to date (over the counter inserts, stretching, PT, ultrasound, and medication). There is no documentation that plain films are normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN MRI OF THE RIGHT FOOT/ANKLE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 1043.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), ANKLE AND FOOT CHAPTER, MAGNETIC RESONANCE IMAGING (MRI)

Decision rationale: Within the medical information available for review, there is documentation of diagnoses of dorsal extensor tendonitis of the right foot. In addition, there is documentation of chronic ankle/foot pain with suspected tendinopathy. However, there is no documentation that plain films are normal. Therefore, based on guidelines and a review of the evidence, the request for MRI of the right foot/ankle is not medically necessary.