MAXIMUS Federal Services

Case Number:	CM13-0057749		
Date Assigned:	03/03/2014	Date of Injury:	11/12/2012
Decision Date:	05/05/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/25/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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:

The injured worker is a 58-year-old who reported an injury on November 12, 2012. The mechanism of injury was the injured worker got his foot crushed between 2 pallets. The documentation for the original request was dated March 12, 2013 and revealed the pallets were filled with meat, which could weigh up to 2000 pounds. The injured worker had symptoms of severe pain radiating into the leg, knee, foot and toes. The symptoms included tingling, fever, burning pain, stiffness, stabbing pain, weakness, warmth, numbness, shortness of breath and tenderness. The severity was 7/10. Physical examination revealed a mildly antalgic gait on the right. Range of motion and motor strength were normal. The sensory examination revealed hypersensitivity to the right foot on the medial and dorsum. There was skin discoloration. The injured worker was somewhat diffusely tender about the mid foot and navicular up to the medial ankle. The x-ray of the ankle showed no significant fracture and no significant degeneration. The diagnoses included crush injury of the right foot on November 12, 2012 and persistent pain in the right mid foot and ankle, rule out internal derangement. A request was made for an MRI of the right foot. The documentation of October 2, 2013 revealed +3 spasm and tenderness to the right lateral malleolus, right navicular and metatarsals. The ankle range of motion was indicated the valgus test was positive on the right, as was the varus test. The diagnoses included right ankle sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO MRI RIGHT ANKLE: Overturned

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 rationale: The Ankle and Foot Complaints Chapter of the ACOEM Practice Guidelines indicate that for patients with continued limitation of activity after four weeks of symptoms and unexplained physical findings such as effusion or localized pain, especially following exercise, imaging may be indicated to clarify the diagnosis and assist reconditioning. Most ankle and foot problems resolve and improve quickly after any red flag issues are ruled out. The clinical documentation submitted for review indicated the injured worker had plain radiographs which were negative. However, subsequent documentation revealed the injured worker continued to complain of pain months later and had spasms, tenderness and objective findings upon examination. The request for a retro MRI of the right ankle is medically necessary and appropriate.