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| Case Number: | CM13-0062262 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 01/10/2012 |
| Decision Date: | 03/24/2014 | UR Denial Date: | 11/06/2013 |
| Priority: | Standard | Application Received: | 12/04/2013 |

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 Podiatric 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:

The original date of injury noted in this chart is 1-10-2012, in which pt injured her left foot and ankle. Corrective surgery to the left foot and ankle was performed on 12-8-2012, which entailed open reduction of navicular fracture, tendon repair, and tendon transfers. Patient underwent physical therapy to facilitate her recovery. On 8-14-2013 the patient was seen by another podiatrist for continued left foot and ankle pain, sharp, and radiating throughout her foot. Pain increases with foot movement and weightbearing. The diagnoses noted at this exam were status post left foot and ankle surgery, failed surgery to the left foot and ankle, with antalgic gait. The podiatrist ordered MRI of left foot and ankle. On 9-30-2013 the pt underwent left ANKLE MRI which revealed post surgical changes to the left navicular, mild thickening and changes to the posterior tibial tendon and flexor digitorum tendon, tenosynovitis, synovitis, and a 3.2 cm lipoma inferomedial to the foot. On 10-9-2013 a request was made for this patient to undergo an MRI of the left foot.

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: Upheld

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

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

Decision rationale: After careful review of the enclosed information and the MTUS coverage criteria pertinent in this case, it is my feeling that the request for an MRI of the left foot is not medically necessary at this time. The patient's listed diagnoses as of 8-14-2013 are status post left foot and ankle surgery, failed surgery to the left foot and ankle, and antalgic gait. The MTUS 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. The progress note does not support that this patient has objective findings consistent with the above diagnoses, therefore the MRI of the left foot is not warranted.