

Case Number:	CM14-0000796		
Date Assigned:	01/17/2014	Date of Injury:	10/28/2013
Decision Date:	04/28/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/02/2014

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:

The patient is an employee of [REDACTED] and has filed a claim for a crushing injury of the foot associated with an industrial injury of October 28, 2013. The utilization review from December 23, 2013 denied the request for MRI of the right foot due to no support for evaluation of soft tissue disorders. The treatment to date has included physical therapy and medications. Medical records from 2013 were reviewed showing the patient complaining of right foot pain. The pain has decreased but still present with weight bearing. There is pain on movement with toes and climbing stairs. Objectively, the patient has tenderness in the proximal phalanx of the 1st toe. There is pain on flexion and extension of the toes. Physical therapy provided 35% improvement after 5 sessions. Prior radiographs were noted to be negative for fractures.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE RIGHT 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: As stated in pages 372-374 of the California MTUS ACOEM Foot and Ankle Complaints Chapter, MRI of the foot and ankle may be helpful in clarifying a diagnosis such as osteochondritis dissecans indication delayed recovery and that MR imaging is not warranted for disorders of the soft tissue. In this case, the patient was noted to have improvements after 5 sessions of physical therapy. Radiographs did not reveal any fractures. There is no suspected osteochondral disorder in the progress notes. The indication for an MRI of the foot was not clearly discussed. Therefore, the request for MRI of the right foot is not medically necessary.