

Case Number:	CM14-0009667		
Date Assigned:	02/14/2014	Date of Injury:	04/26/2011
Decision Date:	07/14/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/24/2014

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:

This patient is a 22-year-old male with a 4/26/11 date of injury. The exact mechanism of injury has not been described. On 1/6/13, a left foot radiograph was unremarkable. On 12/5/13, the patient complained of left foot, ankle and great toe pain and swelling. Objective findings including limited, painful range of motion (ROM) of the left toe, foot, and ankle. Per a qualified medical evaluation (QME) report dated 6/3/13, the patient has had 2 previous MRIs, on 2/21/12 and 8/12/12. The initial MRI on 2/21/12 showed a chondral defect in the first metatarsal head with edema. Diagnostic Impression: Pes Planus, Hammertoes, Metatarsal Heads, Radiculopathy, Plantar Fasciitis. Treatment to date: medication management. A UR decision dated 12/27/13 denied the request for an ankle MRI since the documentation did not describe conservative care the patient has been provided since his recent evaluation or any intervening treatment provided since the date of injury. The physical exam did not indicate the presence of pathology, that would support imaging at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING (MRI) WITHOUT CONTRAST MATERIAL OF THE 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and Ankle Chapter: MRI.

Decision rationale: CA MTUS states 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. In addition, ODG states that ankle MRI is indicated with chronic ankle pain, pain of uncertain etiology, plain films normal. However, this patient is documented to have had two prior MRIs, one in February of 2012 and one in August of 2012. It is unclear what has changed significantly in the patient's chronic pain that would warrant a new MRI. Therefore, the request for Magnetic Resonance Imaging (MRI) without contrast material of the left foot was not medically necessary.