MAXIMUS Federal Services

Case Number:	CM14-0105390		
Date Assigned:	07/30/2014	Date of Injury:	07/16/2013
Decision Date:	09/24/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/08/2014

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 Physical Medicine & Rehabilitation 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 a 59-year-old male who has submitted a claim for left foot pain associated with an industrial injury date of July 16, 2013.Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of undefined foot, neck, and lower back pain. On examination, foot was found to have well healed burn scars.Treatment to date is not documented in the recent progress notes.Utilization review from June 13,2014 denied the request for MRI Left foot because the patient's treatment history to the foot was unknown as were if any basic x-rays, ultrasound imaging or other procedures were being considered. ODG also generally recommends a specialty evaluation before deeming MRI medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left foot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot chapter, Magnetic resonance imaging (MRI).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, indications for MRI of ankle/foot is indicated for chronic ankle pain with normal plain films and suspicion of osteochondral injury or tendinopathy, or due to uncertain etiology; and chronic foot pain with suspicion of tarsal tunnel syndrome, Morton's neuroma, or plantar fasciitis. In this case, the foot pain experienced by the patient was undefined by history and physical examination. There is also no available plain films of the foot. It is unclear why an MRI of the left foot is being requested given that the indications for MRI of the foot are not met. Therefore the request for MRI left foot is not medically necessary