

Case Number:	CM14-0010316		
Date Assigned:	02/21/2014	Date of Injury:	07/26/2013
Decision Date:	06/25/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/27/2014

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 Orthopedic Surgery, and is licensed to practice in Maryland. 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 54 year old male who sustained an injury on 07/26/13 when a piece of ceramic tile punctured the left or right shoe puncturing the toe and foot. The injured worker was initially seen in the emergency room and was administered pain medications and a tetanus injection. Radiographs were taken which were reported as normal. The injured worker was seen on 12/20/13 with persistent complaints of right foot pain. Unrelated treatment included previous lumbar surgery and epidural steroid injections due to 1994 work injury. On physical examination there was intact range of motion in the neck and upper extremities. Loss of lumbar range of motion was noted. There was hypoesthesia in the anterolateral aspect of the foot in L5-S1 distribution. Weakness on great toe dorsiflexion and big toe plantarflexion was noted. There was facet tenderness to palpation. Range of motion in the right foot and ankle was restricted as compared to the left side. There was noted hammer toe formation of the third fourth and fifth toes in the right foot with osteoarthritic changes. Recommendations were for electrodiagnostic studies of the bilateral lower extremities and MRI of the right foot and ankle to establish any possible injury for the tendons ligaments and cartilage. The requested MRI of the right foot and ankle was denied by utilization review on 01/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI RIGHT ANKLE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 14, ANKLE AND FOOT COMPLAINTS, 1043

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

Decision rationale: In regards to the request for MRI of the right ankle, this reviewer would not have recommended this study as medically necessary. The injured worker did not present with any evidence of instability in the right ankle secondary to the described mechanism of injury that would have reported that would have requested imaging studies. No other red flag findings were noted to supporting imaging of the right ankle. Therefore this reviewer would not have recommended certification for the request.

MRI RIGHT FOOT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 14, ANKLE AND FOOT COMPLAINTS, 1043

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

Decision rationale: In regards to the request for MRI of the right foot, this reviewer would not have recommended this study as medically necessary. The injured worker did not present with any evidence of significant abnormal findings secondary to the described mechanism of injury that would have reported that would have requested imaging studies. No other red flag findings were noted to supporting imaging of the right foot. Therefore this reviewer would not have recommended certification for the request.