

Case Number:	CM14-0016072		
Date Assigned:	06/04/2014	Date of Injury:	05/18/2007
Decision Date:	08/06/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/07/2014

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 injured worker is a represented employee who has filed a claim for chronic foot and ankle pain reportedly associated with an industrial injury of May 18, 2007. Thus far, the injured worker has been treated with the following: Analgesic medications; MRI imaging of the foot notable for mild diffuse arthritis and Achilles tendinosis; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated January 22, 2014, the claims administrator denied a request for MRI imaging of the foot, citing non-ODG Guidelines. The claims administrator stated that there was no evidence of any recent changes in circumstances which would support MRI imaging here. The injured worker's attorney subsequently appealed. In a February 28, 2013 medical-legal evaluation, work restrictions were issued. It did not appear that the injured worker was working with said limitations in place. It was stated that the injured worker's functional limitations were limiting his ability to work. Permanent work restrictions were issued. The injured worker was apparently not given an impairment rating. The medical-legal evaluator stated that she was waiting for records before rendering her final opinions. It appears that the MRI of the foot was sought via request for authorization form dated December 16, 2013, without any attached clinical information or progress notes. The injured worker's medical legal evaluator also sought authorization for an MRI of the foot and ankle. No progress notes were attached.

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 274.

Decision rationale: ACOEM Guidelines acknowledge that MRI imaging may be helpful to clarify diagnoses such as osteochondritis desiccans in cases of delayed recovery, in this case however, the request for authorization for the MRI has apparently been initiated by the injured worker's treating provider and/or medical-legal evaluator without any accompanying progress notes, narrative rationale, commentary, or other injured worker-specific information. It is unclear why MRI imaging of the foot is being sought. Therefore, the request is not medically necessary.