

<b>Case Number:</b>	CM14-0117832		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	11/05/2012
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 and Rehabilitation, has a subspecialty in Pain 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 is a patient with a date of injury of 11/5/12. A utilization review determination dated 7/18/14 recommends non-certification of magnetic resonance imaging (MRI) right foot. 6/17/14 medical report identifies right ankle pain treated with crutches, brace, physical therap, and narcotic pain medication. The patient received a 1st metatarsophalangeal joint right foot intraarticular corticosteroid injection at the previous visit that provided minimal improvement. On exam, there is tenderness at the 1st MTP joint and the plantar 2nd and 3rd MT heads. The great toe cannot be dorsiflexed beyond neutral position in the simulated standing position. There is mild antalgia predominantly on the right side. Prior MRI from 5/28/13 was said to identify increased uptake on T2 weighted images involving the third and, to a lesser degrees, second and fourth metatarsal heads. There were no acute findings of a stress fracture. Discussed was hallux rigidus and the possibility of occult pathology involving 1st MTP joint and possibly sesamoiditis, arthritis, etc. Recommendation was to repeat the MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI right foot, without contrast:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-3. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter, Magnetic resonance imaging (MRI)

**Decision rationale:** Regarding the request for magnetic resonance imaging (MRI) of the right foot, California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) state that special studies are not usually needed until after conservative care in the absence of red flag conditions. Official Disability Guidelines (ODG) cites various indications for magnetic resonance imaging (MRI), and they note that repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Within the documentation available for review, the patient had a prior MRI approximately one year earlier without any definitive findings noted. There is ongoing pain, tenderness, and difficulty with ambulation despite conservative treatment including crutches, bracing, physical therapy, narcotic pain medication, and a corticosteroid injection with minimal relief. The provider is concerned for occult pathology involving 1st MTP joint and possibly sesamoiditis, arthritis, or another similar condition. Given the ongoing subjective and objective findings suggestive of pathology along with functional impairment despite conservative management, repeating the MRI appears reasonable. In light of the above, the currently requested right foot MRI is medically necessary.