

Case Number:	CM14-0128098		
Date Assigned:	09/16/2014	Date of Injury:	07/25/2012
Decision Date:	11/18/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/12/2014

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 Internal 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 patient is a 49 year old male who sustained a work related injury on 10/27/2008 from 07/25/2012. He has had right foot surgery in the past. EMG/NCV studies performed on the right lower extremity revealed mild neuropathy. Podiatric consult dated 06/02/2014 documented the patient to have pain in his feet with prolonged standing and walking. On exam, dorsalis pedis and posterior tibial pulses are 2+/4 and palpable. There is hypersensitivity of the right lower extremity. Muscle testing is +5/5 in all muscle planes. Diagnoses are pain in the right foot; neuropathy of the right foot; metatarsalgia and painful gait. He was recommended for further diagnostic investigation to ascertain his current condition and therapeutic activity. Prior utilization review dated 07/14/2014 states the request for Diagnostic Studies 3D MRI of the right foot is not certified as guideline criteria has not been met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Studies 3D 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; Work Loss Data Institute LLC; Corpus Christi, TX; www.odg-twc.com; Section: Ankle & Foot (Acute & Chronic) (updated 03/26/2014)

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), Ankle, Magnetic resonance imaging (MRI)

Decision rationale: CA MTUS guidelines indicate, "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." The ODG guidelines recommend MRI of the foot in chronic pain when there is concern for osteochondral injury, tendinopathy, tarsal tunnel syndrome, or several other less common diagnoses. Generally plain films should be performed prior to MRI. The patient has a history of chronic right foot pain and has undergone surgery in the past. From the documents provided it is unclear how the patient's signs/symptoms have changed. It is unclear what conservative therapy has been tried for the recurrence of the patient's symptoms. Also, it is not clear how the MRI would change management at this time and if the physician is considering surgery again. Some of the clinical documents provided were handwritten and illegible. Additionally, it is unclear why a 3-D MRI is required for the patient. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.