

Case Number:	CM14-0157188		
Date Assigned:	09/30/2014	Date of Injury:	10/04/2011
Decision Date:	10/31/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/25/2014

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 Illinois. 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 39-year-old male who reported a work related injury on 10/04/2011. The mechanism of injury was not provided for review. The injured worker's diagnoses include delayed union of the right talonavicular joint, right ankle plantar fasciitis, and persistent right foot pain. The injured worker's past treatment included physical therapy and bone stimulator for delayed union. Diagnostic studies include Doppler of the right foot, which revealed mild soft tissue swelling and synovitis along the talonavicular fusion site and moderate bursitis at the talonavicular fusion site. Upon examination on 04/28/2014, it was noted that the injured worker had soft tissue swelling at the fusion site of the right foot and normal sensation of the dorsal and plantar surfaces of the foot. Motor strength was noted to be within normal limits of the right foot. The injured worker's prescription medications were not provided for review. The treatment plan consisted of MRI of the right foot. The rationale for the request and the Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging, Right Foot: Upheld

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): 367-368. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle, Magnetic resonance imaging (MRI)

Decision rationale: The California MTUS/ACOEM Guidelines state for most cases presenting with true foot and ankle disorder, special studies are usually not needed until after a period of conservative care and observation. Most ankle and foot problems improve quickly once any red flag issues are ruled out. Routine testing such as laboratory tests, plain film radiographs of the foot or ankle, and special imaging studies are not recommended during the first month of activity limitation, except when a red flag noted on history or examination raises suspicion of a dangerous foot or ankle condition or of referred pain. A graphic evaluation may be performed if there is rapid onset of swelling and bruising; if the patient's age exceeds 55 years; if the injury is high velocity; in the case of multiple injury is obvious, dislocations and subluxation; or if the patient cannot bear weight for more than 4 steps. For patients with continued limitation of activity after 4 weeks of symptoms and unexplained physical findings such as effusion or localized pain, especially following exercise, imaging may be indicated to clarify the diagnosis and assist reconditioning. More specifically, the Official Disability Guidelines state indications for imaging include chronic foot pain, pain and tenderness over the navicular tuberosity unresponsive to conservative therapy, plain radiographs shown accessory navicular. In regards the injured worker, there is no evidence that there have been normal plain films obtained prior to the request of an MRI. As such, the request for Magnetic Resonance Imaging, Right Foot is not medically necessary.