

Case Number:	CM14-0158492		
Date Assigned:	10/02/2014	Date of Injury:	01/24/2014
Decision Date:	11/06/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/26/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic foot pain reportedly associated with an industrial injury of January 24, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; foot orthosis; and extensive periods of time off of work. In a Utilization Review Report dated September 16, 2014, the claims administrator denied a request for MRI imaging of the foot. The applicant's attorney subsequently appealed. In a May 6, 2014 initial consultation report, it was acknowledged that the applicant was off of work. The applicant had pain about the top and ball of the foot and toes, it was noted. The applicant was also alleging development of compensatory low back pain. The applicant had initially sustained a puncture wound, it was noted. A CT scan of the right foot of April 4, 2014 was notable for small first and third MTP joint effusions, nonspecific, with no abnormalities of any bones. The applicant was given a diagnoses of tenosynovitis of the right foot and a resolved punctured wound of the same. The applicant also underwent earlier MRI imaging of the right foot on February 10, 2014 notable for edema involving the third metatarsal without associated fracture. Soft tissue swelling was noted about the same. It was stated that the applicant had carried a diagnosis of infected punctured wound which had subsequently resolved. In a later note dated September 8, 2014, the applicant was placed off of work, on total temporary disability. It was stated that the applicant had recently been dispensed with foot orthosis. It was stated that the applicant was unable to work owing to pain complaints. No edema was noted about the foot. Range of motion about the foot was reportedly within normal range. The applicant was described as slowly improving. The note was extremely difficult to follow. In an earlier note dated July 21, 2014, it was again suggested that the applicant's orthosis were a good fit.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right foot: Upheld

Claims Administrator 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), Treatment Index, 11th Edition (web), 2014, Ankle & Foot, MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 375.

Decision rationale: The diagnosis stated here is a foot tendinitis/foot tenosynovitis/metatarsalgia. However, as noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, Table 14-5, page 375, MRI imaging scored a 0/4 in its ability to identify and define suspected metatarsalgia and a 2/4 in its ability to identify and define suspected tendinitis. Thus, the MRI imaging is not rated highly in its ability to identify and/or define any of the suspected diagnostic considerations here. Furthermore, the attending provider's handwritten progress note did not clearly state for what purpose the MRI imaging in question was being sought. It was not stated how the proposed prospective MRI imaging would influence or alter the treatment plan. Therefore, the request is not medically necessary.