

Case Number:	CM14-0161016		
Date Assigned:	10/06/2014	Date of Injury:	08/28/2009
Decision Date:	11/20/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/01/2014

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, knee, and low back pain reportedly associated with an industrial injury of August 28, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; opioid therapy; muscle relaxants; unspecified amounts of manipulative therapy; and unspecified amounts of extracorporeal shock wave therapy. In a Utilization Review Report dated September 18, 2014, the claims administrator denied a request for MRI imaging of the foot, citing a lack of supporting information on the part of the attending provider. The applicant's attorney subsequently appealed. In a handwritten progress note dated March 10, 2014, the applicant apparently presented with issues associated with hypertension, diabetes, fibromyalgia, and diabetic neuropathy. Elavil, Benicar, Viibryd, Lyrica, and topical compounded medications were renewed. The applicant's work status was not clearly stated. In a handwritten note dated April 9, 2014, the applicant was asked to undergo DNA testing, obtain physical therapy, employ topical compounds, and obtain MRI imaging of both ankles, and remains off of work, on total temporary disability. The note was sparse, handwritten, and contained little-to-no narrative rationale or narrative commentary. In a May 21, 2014 progress note, the applicant was again placed off of work, on total temporary disability. It was stated that the applicant reported 6-7/10 low back and left knee pain. The applicant was apparently depressed. Some lower extremity paresthesias were also appreciated. The applicant was again placed off of work. In a May 27, 2014 handwritten progress note, the applicant was described as having issues with osteopenia of the left foot versus untreated fracture of the fifth proximal phalanx versus inflammatory arthropathy versus osteopenia. The applicant was asked to consult an orthopedist. On June 9, 2014, the applicant was again placed off of work, on total temporary disability. It was stated that the applicant was pending planned knee arthroscopy. On October 6,

2014, the applicant transferred care to a new primary treating provider, reporting multifocal complaints of knee and leg pain. The applicant was placed off of work, on total temporary disability, while manipulative therapy, dietary supplements, naproxen, Prilosec, and tramadol were endorsed. The note was sparse, handwritten, difficult to follow, not entirely legible. In an earlier note dated September 10, 2014, the applicant again reported persistent complaints of foot pain, 7/10, exacerbated by walking. Tenderness and decreased range of motion were noted about the foot. MRI imaging of the foot was again sought while the applicant was kept off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left foot: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, page 374, MRI imaging of the foot may be helpful to establish a diagnosis of delayed recovery such as osteochondritis desiccans. In this case, the applicant has, in fact, exhibited signs and symptoms of delayed recovery. The applicant is off of work, on total temporary disability. Persistent complaints of foot and ankle pain were reported on multiple office visits, referenced above, in the 7/10 range. The attending provider stated that various diagnostic possibilities were present here, including fifth metatarsal fracture versus an occult fracture secondary to osteoporosis versus an unspecified arthropathy process. MRI imaging is indicated to distinguish between several of the diagnostic considerations apparently present here. Therefore, the request for MRI of left foot is medically necessary.