

<b>Case Number:</b>	CM14-0175104		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	08/29/2014
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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, has a subspecialty in Interventional Spine 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 56 year old with an injury date on 8/29/14. Patient complains of left foot pain with "snapping sensation" but no numbness/tingling per 9/20/14 report. The left foot pain was improved with use of orthopedic boot per 9/20/14 report. Based on the 9/20/14 progress report provided by [REDACTED] the diagnosis is foot pain. Exam on 9/20/14 showed "normal range of motion of foot. Tenderness to palpation on left foot talus area. Negative crepitus/deformity." Patient's treatment history includes joint replacement right hip, medication (Ultram), orthopedic boot. [REDACTED] is requesting left foot MRI. The utilization review determination being challenged is dated 10/7/14. [REDACTED] is the requesting provider, and he provided treatment reports from 8/30/14 to 10/7/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Foot MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle MRI

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot & ankle Chapter, MRIs

**Decision rationale:** This patient presents with left foot pain. The treater has asked for left foot MRI. Review of the reports do not show any evidence of lower extremity MRIs or foot X-rays being done in the past. Regarding MRI of foot/ankle, ACOEM guidelines discuss indications for imaging during acute/subacute stage. It state: "For patients with continued limitations of activity after four 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. Stress fractures may have a benign appearance, but point tenderness over the bone is indicative of the diagnosis and a radiograph or a bone scan bay be ordered. Imaging findings should be correlated with physical findings. 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." For chronic foot/ankle pain, ODG guidelines recommend MRI's of foot/ankle for osteochondral injury, tendinopathy pain of uncertain origin, tenderness over navicular tuberosity, suspected tarsal tunnel syndrome, Morton's neuroma and plantar fasciitis, etc. In this case, there is no evidence of any X-rays. There is no evidence of "continued limitation" due to ankle/foot pain. The request is less than one month from initial injury and it does not appear that conservative care has been adequately tried. The patient has full range of motion, and the pain is improving. There is no documentation the treater suspects Morton's neuroma, subtle fractures, plantar fasciitis intractable to treatment, or any red flags to warrant an MRI. The request is not medically necessary.