MAXIMUS Federal Services

Case Number:	CM14-0182736		
Date Assigned:	11/07/2014	Date of Injury:	05/12/2005
Decision Date:	12/11/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/03/2014

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 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:

According to the records made available for review, this is a 61-year-old female with a 5/12/05 date of injury. At the time (9/29/14) of request for authorization for MRI (Magnetic Resonance Imaging) of the left foot, there is documentation of subjective (pain, discomfort, and swelling of the left foot) and objective (area of discomfort is associated with the lesser tarsus at the level of the navicular and the cuneiforms and positive Tinel's sign) findings, current diagnoses (acute on chronic bilateral foot pain status post multiple surgeries and chronic pain syndrome), and treatment to date (physical therapy, Ankle Stabilizing Orthosis, and medications). There is no documentation of normal plain films.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the left foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Ankle and Foot (updated 07/29/14), Magnetic Resonance Imaging (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) Ankle and Foot Chapter, Magnetic resonance imaging (MRI)

Decision rationale: MTUS reference to ACOEM identifies documentation of a diagnosis of osteochondritis dissecans in cases of delayed recovery, as criteria necessary to support the medical necessity of MRI of the ankle/foot. ODG identifies documentation of normal plain films and failure to respond to conservative treatment, as additional criteria necessary to support the medical necessity of MRI of the ankle/foot. Within the medical information available for review, there is documentation of diagnoses of acute on chronic bilateral foot pain status post multiple surgeries and chronic pain syndrome. In addition, there is documentation of failure to respond to conservative treatment. However, there is no documentation of normal plain films. Therefore, based on guidelines and a review of the evidence, the request for MRI (Magnetic Resonance Imaging) of the left foot is not medically necessary.