

Case Number:	CM14-0028199		
Date Assigned:	06/13/2014	Date of Injury:	10/26/2011
Decision Date:	07/21/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/05/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine Surgery 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 37 year old female with an injury date of 02/12/14. Based on the 01/15/14 progress report provided by [REDACTED] the patient complains of direct palpation and digital palpation of the medial and lateral foot compression. She presents with continuation of symptoms of the third and fourth interspace of the left foot. She demonstrates continuation of exostosis pain to the first metatarsophalangeal joint. The patient's diagnoses includes the following: Crush injury to the hallux, left foot, Neuroma of the third and fourth interspaces, MRI confirmed, left foot, Painful fait, Plantar fasciitis and Metatarsalgia. [REDACTED] is requesting for a MRI of the left foot. The utilization review determination being challenged is dated 02/12/14. [REDACTED] is the requesting provider and he provided treatment reports from 08/28/13- 04/24/14. 1. Crush injury to the hallux, left foot. 2. Neuroma of the third and fourth interspaces, MRI confirmed, left foot. 3. Painful fait. 4. Plantar fasciitis. 5. Metatarsalgia. [REDACTED] is requesting for a MRI of the left foot. The utilization review determination being challenged is dated 02/12/14. [REDACTED] is the requesting provider and he provided treatment reports from 08/28/13- 04/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (MAGNETIC RESONANCE IMAGE) OF THE LEFT FOOT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC (<http://www.odg-twc.com/odgtwc/ankle.htm>).

Decision rationale: According to the 01/15/14 report by [REDACTED], the patient presents with direct palpation and digital palpation of the medial and lateral foot compression. She has continuation of symptoms of the third and fourth interspace of the left foot. She demonstrates continuation of exostosis pain to the first metatarsophalangeal joint. The request is for a MRI left foot. The patient previously had a MRI of the left foot, however neither the date of the MRI nor the results of the MRI were provided. ACOEM guidelines do not support MRI's in the absence of red flags or progressive neurologic deficit. ODG Guidelines state that "repeat MRI's are indicated only if there has been progression of neurologic deficit." In this case, the patient already had a MRI and review of the reports do not reveal why the treater is asking for another set of MRI. There are no new injuries, no deterioration neurologically, and the patient has not had surgery. Recommendation is for denial.