

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0033062 | | |
| Date Assigned: | 03/19/2014 | Date of Injury: | 12/12/2013 |
| Decision Date: | 04/22/2014 | UR Denial Date: | 01/28/2014 |
| Priority: | Standard | Application Received: | 02/19/2014 |

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:

This is a 33 year-old female patient with a date of injury of 12/12/13. On 1/14/14 the initial evaluation indicates that the patient was injured when she slipped and fell. She has since experienced a bump on the lateral aspect of the base of the fifth metatarsal. This causes her pain with shoe wear and walking. She is a type I diabetic and takes NovoLog. Examination revealed tenderness on palpation of the base of the fifth metatarsal with palpable swelling. There is 4/5 muscle strength with eversion. There is mild pain with motion resistance of the peroneals. No significant bony abnormalities were noted on radiograph. An MRI is requested to rule out tear of the peroneal tendon insertion of the bone. On 1/28/14, an adverse determination was rendered for lack of physical exam findings that would suggest pathology for which MRI would be required, and lack of plain film imaging. There was no suspected etiology.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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) TREATMENT FOR WORKERS' COMPENSATION, ONLINE EDITION, ANKLE AND FOOT CHAPTER, MAGNETIC RESONANCE IMAGING (MRI)

MAXIMUS 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 CHAPTER, MAGNETIC RESONANCE IMAGING (MRI)

Decision rationale: CA MTUS reference to ACOEM states that most ankle and foot conditions improve quickly once any red flag issues are ruled out. ODG states that MRI provides a more definitive visualization of soft tissue structures, including ligaments, tendons, joint capsule, menisci and joint cartilage structures, than x-ray or Computerized Axial Tomography in the evaluation of traumatic or degenerative injuries. The patient has ongoing pain and functional deficit. There is no evidence of fracture on radiograph. The MRI is intended to rule out peroneal tendon damage. However, there is no clear documentation of attempts at conservative efforts, including physical therapy. Without at least an attempt at conservative care, the request for further diagnostic studies is not deemed medically necessary. Therefore, the request is not medically necessary.