MAXIMUS Federal Services

Case Number:	CM14-0033557		
Date Assigned:	06/20/2014	Date of Injury:	11/06/2012
Decision Date:	07/22/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/17/2014

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 and Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 24 year old female injured on 11/06/12 while stepping backwards and tripping over a cart, subsequently injured the left calf, ankle, and foot. The injured worker attempted to continue working, but the pain became so severe she sought medical attention later on that day. Treatment to date has included medications, orthotics, injections, and surgeries. An operative note dated 08/28/13 noted that the injured worker underwent excision of stump neuroma in the second and third intermetatarsal space. It was noted that Cortisone injections failed to provide any significant relief. Electrodiagnostic (EMG/NCV) study dated 09/16/13 was unremarkable, other than insertional activity in the left S1 paraspinal muscles that could be an indication of radiculopathy. The most recent clinical note dated 12/09/13 noted that on physical examination, her gait was antalgic.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast for Left foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 1043. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Ankle and Foot chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Ankle and Foot chapter: Magnetic Resonance Imaging (MRI).

Decision rationale: The request for an MRI without contrast for the left foot is not medically necessary. The previous request was denied on the basis that the MRI was requested to rule out neuroma; however, the injured worker was noted to have had previous surgery and there was no documentation on physical examination of recurrence. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. Physical examination did not reveal any decreased motor strength, increased reflex or sensory deficits. There was no indication that plain radiographs were obtained prior to the request for more advanced MRI. There were no additional significant 'red flags' identified. Given this, the request for an MRI without contrast for the left foot is not indicated as medically necessary.