

Case Number:	CM14-0034443		
Date Assigned:	06/20/2014	Date of Injury:	06/10/2010
Decision Date:	12/19/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/19/2014

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 Physical Medicine and 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 60 year old male with an injury date of 06/10/10. Based on the 09/09/13 progress report provided by treating physician, the patient complains of left foot pain. Patient is status post left foot open peroneal brevis tendon repair 09/10/12. Patient can't stand for long periods of time. Physical examination of the left foot on 08/06/13 revealed swelling of left ankle. Per 06/06/13 AME report, an MRI scan of the left foot was obtained on 06/25/10, revealing "no findings of internal derangement of the ankle, midfoot, forefoot. No stress reaction or stress fracture. Ligament and tendinous complex intact. Moderate diffuse subcutaneous edema across the dorsum of the foot and mild nonspecific bimalleolar subcutaneous edema. Patient's medications include Omeprazole, Diclofenac, Cyclobenzaprine and Theramine. Diagnosis 09/09/13: left foot cuboid arthritis; left foot tenosynovitis. Treating physician is requesting Magnetic Resonance Imaging (MRI) Left Foot. The utilization review determination being challenged is dated 03/06/14. The rationale is "based on the diagnosis and considering the remoteness of the injury and the lack of new hard clinical indications for need to have MRI at this time, and considering lack of discussion of prior foot MRIs over the years, according to MTUS (ankle and foot) Treatment Guidelines, the request is not medically necessary." Treatment reports were provided from 08/06/13-11/14/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) left foot: Overturned

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) Ankle and Foot Chapter, MRI Topic

Decision rationale: The patient complains of left foot pain and swelling. The request is for Magnetic Resonance Imaging (MRI) Left Foot. Patient's diagnosis dated 09/09/13 included left foot cuboid arthritis and left foot tenosynovitis. Patient is status post left foot open peroneal brevis tendon repair 09/10/12. Patient can't stand for long periods of time. Physical examination of the left foot on 08/06/13 revealed swelling of left ankle. ODG guidelines Ankle and Foot Chapter MRI Topic, states that imaging is indicated due to chronic ankle pain if plain films are normal and there is suspected osteochondral injury, suspected tendinopathy or pain of uncertain etiology. The treating physician does not discuss reason for this request in reports provided. UR letter dated 03/06/14 states "based on the diagnosis and considering the remoteness of the injury and the lack of new hard clinical indications for need to have MRI at this time, and considering lack of discussion of prior foot MRIs over the years, according to MTUS (ankle and foot) Treatment Guidelines, the request is not medically necessary." Per 06/06/13 AME report, an MRI scan of the left foot was obtained on 06/25/10, revealing "no findings of internal derangement of the ankle, midfoot, forefoot. No stress reaction or stress fracture." There is no indication that patient had MRI of the left foot following tendon repair surgery. Given the patient's persistent ankle pain and the treating physician's concern for ligamentous injury, an MRI appears appropriate. Recommendation is that the request is medically necessary.