

<b>Case Number:</b>	CM14-0074479		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	03/26/2013
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 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 injured worker is a 37 year old male who reported an injury on 03/26/2013. The mechanism of injury was not provided. On 04/24/2014, the injured worker presented for a followup for the right great toe cellulitis. Upon examination of the right 1st toe, there were complaints of inflammation and some type of growth on the nail bed of the right 1st toe with tenderness to palpation. Current medications included ibuprofen. The surgical history, other therapies and diagnostic studies were not provided in the medical records for review. The provider recommended an MRI of the first right toe, the provider's rationale was not provided. The request for authorization form was dated 04/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of first right toe:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

**Decision rationale:** The ACOEM Guidelines state for most cases presenting with true foot and ankle disorders, special studies are not usually needed until after a period of conservative care

and observation. Ankle and foot problems improve quickly once any red flag issues are ruled out. Disorders of soft tissue yield negative radiographs and do not warrant other studies. MRI imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. There is lack of documentation indicating objective deficits of the right 1st toe. There are no red flags to be addressed. Additionally, there is lack of evidence of failure to respond to conservative treatment to include medications and physical therapy. As such, the request is not medically necessary.