

Case Number:	CM14-0079527		
Date Assigned:	07/18/2014	Date of Injury:	10/11/2013
Decision Date:	09/25/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/30/2014

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 50 year old female with a 10/11/13 date of injury. The mechanism of injury is described as cumulative trauma from 10/11/12 to 10/11/13. She has not worked since 2/11/14 due to being placed on TTD. In a progress report on 3/13/14, the patient continued to complain of pain in both feet. The pain is constant and occurs with weakness, numbness, and tingling. The patient describes the pain as tender, cramping, and stabbing. Objective findings include normal foot morphology with preserved arches, varus deformity right greater than left, evidence of Morton's neuroma in the 2nd, 3rd, and 4th intermetatarsal clefts bilaterally. There is also tenderness over the medial and lateral malleoli bilaterally and lateral instability of the ankles, left greater than right. Bilateral foot x-rays reveal metatarsalgia, adductus of 1st MTP, and arthritis in the right foot. Diagnostic impression: Bilateral ankle strain/sprain rule out internal derangement, lateral instability; bilateral foot strain/sprain rule out Morton's neuroma, metatarsalgia. Treatment to date includes medication management, bilateral foot cortisone injections, TENS unit, and physical therapy. A UR decision dated 5/19/14 denied the MRI requests on the basis that the notes are illegible and there are no subjective or objective data included that would indicate a need for bilateral foot and ankle MRI's.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Right Foot: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Foot and Ankle Chapter.

Decision rationale: The California MTUS states that disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies, e.g., magnetic resonance imaging (MRI). Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. In addition, the Official Disability Guidelines states that ankle MRI is indicated with chronic ankle pain, pain of uncertain etiology, plain films normal. In the present case, the diagnostic impressions do not correlate well with symptomatology and exam findings. A very narrow differential diagnosis is usually obtained in foot and ankle patients by obtaining a careful history and physical exam. For example, it is extremely unlikely that the patient has multiple Morton's neuromas in the 2nd, 3rd, and 4th intermetatarsal spaces (as suggested in the documentation). Instead, such a patient almost always has a single neuroma with a discrete area of severe tenderness to palpation, usually in the 3rd intermetatarsal space. The patient often reports burning and tingling that is well localized to that web space. When soft tissue disorders are suspected (tendinitis, metatarsalgia, fasciitis, neuroma), as is the case here, the diagnosis is a clinical one and MRI is very rarely needed to confirm the diagnosis. Therefore, the request for MRI of the right foot is not medically necessary.

MRI of the Right Ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Foot and Ankle Chapter.

Decision rationale: The California MTUS states that disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies, e.g., magnetic resonance imaging (MRI). Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. In addition, the Official Disability Guidelines states that ankle MRI is indicated with chronic ankle pain, pain of uncertain etiology, plain films normal. In the present case, there is no documentation of prior ankle plain film x-rays. In addition, the diagnostic impressions do not correlate well with symptomatology and exam findings. A very narrow differential diagnosis is usually obtained in foot and ankle patients by obtaining a careful history and physical exam. For example, in this case, it is extremely unlikely that the patient suffers from ankle instability without a history of a single acute traumatic event, whereas the injuries in this case were caused by repetitive activity. Therefore, the request for MRI of the right ankle is not medically necessary.

MRI of the Left Ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Foot and Ankle Chapter.

Decision rationale: The California MTUS states that disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies, e.g., magnetic resonance imaging (MRI). Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. In addition, the Official Disability Guidelines states that ankle MRI is indicated with chronic ankle pain, pain of uncertain etiology, plain films normal. In the present case, there is no documentation of prior ankle plain film x-rays. In addition, the diagnostic impressions do not correlate well with symptomatology and exam findings. A very narrow differential diagnosis is usually obtained in foot and ankle patients by obtaining a careful history and physical exam. For example, in this case, it is extremely unlikely that the patient suffers from ankle instability without a history of a single acute traumatic event, whereas the injuries in this case were caused by repetitive activity. Therefore, the request for MRI of the left ankle is not medically necessary.

MRI of the Left Foot: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Foot and Ankle Chapter.

Decision rationale: The California MTUS states that disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies, e.g., magnetic resonance imaging (MRI). Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. In addition, the Official Disability Guidelines states that ankle MRI is indicated with chronic ankle pain, pain of uncertain etiology, plain films normal. In the present case, the diagnostic impressions do not correlate well with symptomatology and exam findings. A very narrow differential diagnosis is usually obtained in foot and ankle patients by obtaining a careful history and physical exam. For example, it is extremely unlikely that the patient has multiple Morton's neuromas in the 2nd, 3rd, and 4th intermetatarsal spaces (as suggested in the documentation). Instead, such a patient almost always has a single neuroma with a discrete area of severe tenderness to palpation, usually in the 3rd intermetatarsal space. The patient often reports burning and tingling that is well localized to that web space. When soft tissue disorders are suspected (tendinitis, metatarsalgia, fasciitis, neuroma), as is the case here, the diagnosis is a clinical one and MRI is very rarely needed to confirm the diagnosis. Therefore, the request for MRI of the left foot is not medically necessary.

