

Case Number:	CM14-0191895		
Date Assigned:	11/25/2014	Date of Injury:	07/28/2003
Decision Date:	01/12/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/17/2014

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 Internal Medicine, has a subspecialty in Hospice Palliative Medicine and is licensed to practice in Pennsylvania. 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 39-year-old woman with a date of injury of 07/28/2003. A treating physician note dated 09/08/2014 identified the mechanism of injury as a bar holding glasses fell on the worker's foot, resulting in foot and ankle pain. This note indicated the worker was experiencing right foot and ankle pain, stiffness, and leg weakness. Documented examination described decreased motion in the right ankle joint and right ankle swelling. The submitted and reviewed documentation concluded the worker was suffering from a right superficial peroneal neuritis and right foot and ankle pain. The treatment recommendations included oral and topical pain medications, urinary drug screen testing, MRI of the hind foot, and follow-up care. A Utilization Review decision was rendered on 10/27/2014 recommending non-certification for an MRI imaging of the hind foot. The MRI imaging report dated 03/30/2011 was also reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the hind foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation ODG Ankle & Foot (updated 7/29/14) Magnetic Resonance Imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 362-386.

Decision rationale: The MTUS Guidelines support the use of MRI of the foot in cases such as to there is a need clarify a complex diagnosis. The literature shows only mild to moderate support when a ligament tear, tendonitis, or neuroma is suspected and other forms of assessment are unable to show the cause of the symptoms and findings. The submitted and reviewed records indicated the worker was experiencing right foot and ankle pain, stiffness, and leg weakness. An MRI imaging report dated 03/30/2011 described no significant abnormal findings and indicated these findings were unchanged compared with the prior study done on 10/30/2003. The reviewed documentation concluded the worker was suffering from a right superficial peroneal neuritis with right foot and ankle pain. There was no discussion detailing a possible complex diagnosis or a failure of other assessments to determine the cause of the worker's symptoms and findings. In the absence of such evidence, the current request for MRI imaging of the hind foot is not medically necessary.