

Case Number:	CM14-0195695		
Date Assigned:	12/03/2014	Date of Injury:	07/25/2014
Decision Date:	01/16/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/21/2014

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 & 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 26-year-old female with an injury date of 07/25/14. Based on the 10/27/14 progress report, the patient complains of left ankle and foot pain, as well as pain in knees, right hip and low back. Physical examination on 10/27/14 revealed a mild antalgic gait, painful ROM left foot/ankle, and "decreased sensation on the left lateral foot, suggesting an S1 pattern, ankle dorsiflexors 4/5." Positive tests were found for Clarke's sign and Morton's test. The patient was prescribed Naproxen and tramadol on 10/27/14. Per progress report dated 10/27/14, treating physician states, "an MRI was requested to establish an impairment rating." There are no recent surgeries. The X-ray findings per progress report 10/27/14 include X-ray, Left Tibiofibular - No abnormal findings; and X-ray, Left Ankle (08/05/14) - All 6 views show normal left ankle and left foot. Diagnosis as of 10/27/14 includes sprain/Strain Ankle - (Primary), Left; and sprain/strain foot - left. The utilization review determination being challenged is dated 11/05/14. The rational is "The medical records did not document sufficient physical examination findings." Treatment reports were provided from 08/05/14 to 10/27/14. There are no recent surgeries. X-ray findings per progress report 10/27/14: X-ray, Left Tibiofibular - No abnormal findings X-ray, Left Ankle (08/05/14) - All 6 views show normal left ankle and left foot Diagnosis 10/27/14- Sprain/Strain Ankle - (Primary), Left- Sprain/Strain Foot - Left The utilization review determination being challenged is dated 11/05/14. The rational is "The medical records did not document sufficient physical examination findings ..." Treatment reports were provided from 08/05/14 to 10/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the 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) - Treatment in Workers' Compensation (TWC), Ankle & Foot (Acute & Chronic) Chapter, Magnetic Resonance Imaging (MRI) Section.

Decision rationale: The patient presents with left ankle and foot pain. The patient's diagnosis on 10/27/14 included left ankle and foot sprain/strain. The physical examination dated 10/27/14 revealed a mild antalgic gait, painful ROM left foot/ankle, and "decreased sensation on the left lateral foot, suggesting an S1 pattern, and ankle dorsiflexors 4/5." The patient was prescribed Naproxen and tramadol on 10/27/14. Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), Ankle & Foot (Acute & Chronic) Chapter, Magnetic Resonance Imaging (MRI) Section: "Recommended as indicated below. Indications for imaging - MRI (magnetic resonance imaging): chronic ankle pain, suspected osteochondral injury, plain films normal; chronic ankle pain, suspected tendinopathy, plain films normal; chronic ankle pain, pain of uncertain etiology, plain films normal; and repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008)" Review of the reports does not show evidence of prior MRI. Per progress report dated 10/27/14, treating physician states, "an MRI was requested to establish an impairment rating." There has not been a previous MRI of the foot. The treating physician does not report tendinopathy, osteochondral injury, but has persistent pain with normal X-rays. Official Disability Guidelines (ODG) does support an MRI investigation for persistent pain of unclear etiology. Therefore, the request for a MRI of the left foot is medically necessary.