

Case Number:	CM14-0204434		
Date Assigned:	12/16/2014	Date of Injury:	03/03/2011
Decision Date:	02/05/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/08/2014

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, 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 (IW) is a 51-year-old female with a date of injury of March 3, 2011. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are right foot and ankle contusion from March 3, 2011; right foot and ankle sprain/strain, chronic; plantar fasciitis; and lumbar sprain/strain secondary to the right foot and ankle injury. An MRI of the right ankle was performed July 16, 2013. It shows moderate thickening with moderate to severe intrinsic heterogeneity edema at the origin of the proximal plantar fascia compatible with moderate severe plantar fasciitis adjacent curvilinear soft tissue edema. Contusion at the plantar undersurface. There is also an adjacent ill-defined subcortical trabecular stress response compatible with adjacent sub cortical bone contusion and ostitis. A follow-up progress note dated October 1, 2014 does not discuss repeating the MRI of the right ankle. In a handwritten, largely illegible PR-2 dated November 12, 2014, the IW complains of right foot/ankle pain. All of the objective documentation was illegible. The treatment plan includes continue physical therapy, MRI of the right foot/ankle, and MRI of the lumbar spine. There is no clinical rationale or clinical indication or documentation supporting a repeat MRI of the right foot. There was no clinical indication of a significant change in symptoms or findings suggestive of significant pathology. The current request is for MRI of the right foot without contrast.

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 without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for imaging, Magnetic resonance imaging

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Ankle Section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the right foot without contrast is not medically necessary. MRI evaluation provides a more definitive visualization of soft tissue structures including ligaments, tendons, joints capsule, menisci, and joint cartilage structures than x-ray or CAT scan evaluation and evaluation of traumatic or degenerative injuries. Repeat MRI is not routinely recommended be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case (progress note dates April 10, 2014), the injured worker's working diagnoses her right ankle pain which is constant, sharp and stabbing; low back pain; right knee compensatory pain related to limping; left ankle pain due to compensatory pain related to limping and altered gait; and sleep deprivation, pre-diabetic and hypertension. An MRI of the right ankle was performed July 16, 2013. It shows moderate thickening with moderate to severe intrinsic heterogeneity edema at the origin of the proximal plantar fascia compatible with moderate severe plantar fasciitis adjacent curvilinear soft tissue edema. Contusion at the plantar undersurface. There is also an adjacent ill-defined subcortical trabecular stress response compatible with adjacent sub cortical bone contusion and ostitis. A follow-up progress note dated October 1, 2014 does not discuss repeating the MRI of the right ankle. There is no clinical rationale or clinical indication or documentation supporting a repeat MRI of the right foot. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and or findings suggestive of significant pathology. There was no clinical indication of a significant change in symptoms or findings suggestive of significant pathology. Consequently, absent the appropriate clinical indication and/or rationale, MRI of the right foot without contrast is not medically necessary.