

Case Number:	CM14-0208284		
Date Assigned:	12/19/2014	Date of Injury:	12/08/2013
Decision Date:	02/12/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/11/2014

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 Rehab, 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 62 year old female with an injury date of 12/08/13. Based on the 05/23/14 progress report provided by treating physician, the patient complains of constant burning right foot pain rated 6/10 exacerbated by squatting, kneeling, ascending or descending stairs, weight bearing. Patient has no documented surgical history directed at this complaint. Physical examination 05/23/14 revealed tenderness to palpation to the dorsal aspect of the right foot and tenderness at the calcaneus. Neurological examination revealed decreased motor strength bilaterally. The patient is currently prescribed Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine. Diagnostic MRI of the right foot dated 10/23/14 was provided, significant findings included: "Osteoarthritis is observed at the dorsal talonavicular joint. Mild marginal osteophyte formation is noted at the first metatarsophalangeal joint with associated thickening of the medial collateral ligament." Patient's work status is not specified. Diagnosis 05/23/14- Low back pain- Lumbar spine sprain/strain R/O HNP- R/O lumbar radiculopathy- Right knee sprain/strain R/O joint derangement- Right foot sprain/strain R/O internal derangement. The utilization review determination provided was not pertinent to the request. Treatment reports were provided from 05/23/14 to 07/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro MRI of the right foot: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation ODG Knee & Leg (updated 10/27/14)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter, under MRI (Magnetic Resonance Imaging).

Decision rationale: The patient presents with constant burning right foot pain rated 6/10 exacerbated by squatting, kneeling, ascending or descending stairs, weight bearing. The request is for retro MRI of the right foot. Physical examination 05/23/14 revealed tenderness to palpation to the dorsal aspect of the right foot and tenderness at the calcaneus. Neurological examination revealed decreased motor strength bilaterally. The patient is currently prescribed Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine. Diagnostic imaging included MRI of the right foot dated 10/23/14, significant findings include: "Osteoarthritis is observed at the dorsal talonavicular joint. Mild marginal osteophyte formation is noted at the first metatarsophalangeal joint with associated thickening of the medial collateral ligament." Patient's work status is not specified. ODG-TWC, Ankle and Foot Chapter, under MRI (Magnetic Resonance Imaging) states: "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.- Chronic foot pain, pain and tenderness over navicular tuberosity unresponsive to conservative therapy, plain radiographs showed accessory navicular.- Chronic foot pain, athlete with pain and tenderness over tarsal navicular, plain radiographs are unremarkable.- Chronic foot pain, burning pain and paresthesias along the plantar surface of the foot and toes, suspected of having tarsal tunnel syndrome.- Chronic foot pain, pain in the 3-4 web space with radiation to the toes, Morton's neuroma is - Chronic foot pain, young athlete presenting with localized pain at the plantar aspect of the heel, plantar fasciitis is suspected clinically." Per progress reports dated 05/23/14, the patient presents with chronic foot pain and tenderness unresponsive to conservative therapies, additionally, orders were placed for X-rays to be taken of the right foot, although the findings were not included with the clinical history. It is possible that they were taken at the point of care and discarded following unremarkable findings. ODG guidelines indicate that MRI imaging is appropriate in cases where the patient presents with chronic foot pain, following unremarkable plain films. Therefore, this request is medically necessary.