

Case Number:	CM15-0009128		
Date Assigned:	01/27/2015	Date of Injury:	06/07/2000
Decision Date:	03/17/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/15/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 68 year old male, who sustained an industrial injury on 06/07/2000. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed with fracture fifth metatarsal of the right foot and multiple surgeries to the left foot with specific procedures not documented. Treatment to date has included multiple surgical procedures and padding to the left foot. Currently, the injured worker complains of discomfort to the right foot and due to the injured worker's gait now has associated issues to the left foot with fluctuant soft tissue material on the plantar aspect of the left foot. The treating physician requested magnetic resonance imaging of the left foot noting the necessity of this study to determine the extent of the lesion that may deem surgical intervention. On 01/02/2015 Utilization Review non-certified the request for magnetic resonance imaging of the left foot, noting the California Medical Treatment Utilization Schedule, American College of Occupational and Environmental Medicine, 2nd Edition, Ankle and Foot complaints.

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 Page(s): Table 14-5.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 373-374. Decision based on Non-MTUS Citation Ankle & Foot, Magnetic resonance imaging (MRI)

Decision rationale: ACOEM guidelines state Routine testing, i.e., laboratory tests, plain-film radiographs of the foot or ankle, and special imaging studies are not recommended during the first month of activity limitation, except when a red flag noted on history or examination raises suspicion of a dangerous foot or ankle condition or of referred pain. The foot pain does appear to have been present for greater than one month. ODG further specifies indications for MRI of foot:- 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 clinically suspected-Chronic foot pain, young athlete presenting with localized pain at the plantar aspect of the heel, plantar fasciitis is suspected clinicallyThe treating physician in the 1/7/15 progress note details a soft tissue growth on the left foot and an area of hyperkeratotic tissue on the left foot.The treating physician needs additional imaging to rule out red flag diagnosis and determine if the patient needs surgery. As such, the request for MRI OF THE Left FOOT is medically necessary at this time.