

<b>Case Number:</b>	CM15-0100256		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	02/21/2001
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	05/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 60 year old male with an industrial injury dated 02-21-2001. The injured worker's diagnosis includes likely third interspace neuroma of the left foot. Treatment consisted of prescribed medication, injection and periodic follow up visits. In a progress note dated 05-01-2015, the injured worker reported left foot pain. Objective findings revealed tenderness to palpitation of the plantar and dorsal aspects of the distal third interspace of the left foot and mild antalgic gait slightly favoring the left foot. The treating physician prescribed services for Magnetic Resonance Imaging (MRI) of the left foot, now under review.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic), Magnetic resonance imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-373. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter, Magnetic resonance imaging (MRI).

**Decision rationale:** Regarding the request for MRI of the ankle, Occupational Medicine this Guidelines state that special studies are not usually needed until after conservative care, in the absence of red flag conditions. ODG states that the MRI provided more definitive visualization of soft tissue structures including ligaments, tendons, joints capsule, menisci, and joint cartilage structures. Guidelines state that in patients requiring surgery, MR imaging is especially useful in planning surgical treatment. Guidelines also state that MRI has a very high specificity and positive predictive value in diagnosing tears of the anterior talofibular ligament, calcaneofibular ligament and osteochondral lesions. Within the documentation available for review, there is no indication that the patient has failed conservative treatment for this injury, and no documentation of nondiagnostic plain film radiographs. Furthermore, there is no indication of a red flag condition for which those criteria would not need to be met. As such, the currently requested ankle MRI is not medically necessary.