

Case Number:	CM15-0108332		
Date Assigned:	06/15/2015	Date of Injury:	05/23/2014
Decision Date:	07/14/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/05/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 37 year old male with a May 23, 2014 date of injury. A progress note dated May 6, 2015, documents objective findings (subtle edema present to the mid foot; tender to palpation at the Lisfranc ligament; pain with attempted manipulation of the Lisfranc joint, particularly at the first metatarsal cuneiform articulation; tender to palpation dorsally at the first cuneiform, first metatarsal articulation; tender to palpation along the entire shaft of the fourth metatarsal and to the head of the fifth metatarsal, particularly plantarly), and current diagnoses (nonunion fracture, first metatarsal, right foot; stress fracture fourth metatarsal head, right foot; status post Lisfranc fracture, right foot; posttraumatic arthritis, first metatarsal cuneiform joint, right foot). Subjective findings were not documented for this encounter. Treatments to date have included computed tomography of the right lower extremity (April 15, 2015; showed a probable nondisplaced fracture of the first cuneiform without definite additional fracture), magnetic resonance imaging of the right lower extremity (April 15, 2015; showed extensive areas of bone marrow edema including the fourth metatarsal greater than the third, second, and base of the first metatarsal as well as the distal fifth metatarsal; marked marrow edema with linear signal abnormalities suggestive of a nondisplaced fracture along the first cuneiform), a CAM walker, medications, and work restrictions. The treating physician documented a plan of care that included a magnetic resonance imaging of the right foot in three months.

IMR ISSUES, DECISIONS AND RATIONALES

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

A Outpatient MRI of The Right Foot without Contrast in 3 Months: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, outpatient MRI right foot without contrast in three months is not medically necessary. MRI provides a more definitive visualization of soft tissue structures, including ligaments, tendons, joints capsule, menisci and joint cartilage structures that x-ray or CT scan in the evaluation of traumatic or degenerative injuries. The majority of patients with heel pain can be treated conservatively, but cases requiring surgery MR imaging is useful. MRI reliably detects acute tears of the anterior talo-fibular ligament and calcanealfibular ligament. Indications for MRI imaging include, but are not limited to, chronic ankle pain, suspect osteochondral injury with normal plain films; suspected tendinopathy, plain films normal; pain of uncertain etiology, plain films normal; chronic foot pain, pain and tenderness over navicular tuberosity unresponsive to conservative treatment, athlete with pain and tenderness over tarsal navicular, plain films unremarkable, burning pain in paresthesia along plantar surface of the foot and toes, pain in the 3-4 web space, Morton neuroma clinically suspected; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are nonunion fracture, first metatarsal right foot; stress fracture 4th metatarsal and 5th metatarsal head right foot; status post LisFranc fracture right foot; and posttraumatic arthritis, first metatarsal cuneiform right foot. Utilization review provider initiated a peer-to-peer conference with the treating DPM. On June 2, 2015, the injured worker sustained multiple fractures and had multiple MRIs. It was nonunion of the fracture. On May 6, 2015, the treating provider requested a bone growth stimulator. The treating provider requested an MRI of the right foot without contrast in three months. The clinical status of the injured worker is unknown in three months. The injured worker should be reevaluated at that time with documentation reflecting subjective and objective clinical findings. A request for an MRI in three months is premature and not clinically indicated in the present request. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, outpatient MRI right foot without contrast in three months is not medically necessary.