

Case Number:	CM15-0136454		
Date Assigned:	07/24/2015	Date of Injury:	08/18/2014
Decision Date:	08/21/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/14/2015

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:

The injured worker is a 32 year old male with an industrial injury dated 08/18/2014. The injured worker's diagnoses include ankylosis of the ankle and foot, right knee sprain/strain and right lower extremity paresthesias. Treatment consisted of radiographic imaging, prescribed medications, and periodic follow up visits. In a progress note dated 04/30/2015, the injured worker reported knee pain rated a 4/10 and right ankle and right foot pain rated a 5/10. Objective findings revealed a non-antalgic gait and full range of motion in the right ankle and foot. Treatment plan consisted of medication management and follow up visit. The treating physician prescribed services for Magnetic Resonance Imaging (MRI) for the right ankle and 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, right ankle and foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 right ankle and foot 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 calcaneal fibular 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; etc. See the guidelines for additional details. In this case, the injured workers working diagnoses are contusion right foot rule out CRPS 2; positive Tinel's sign at the deep peroneal nerve at the proximal first interspace; ingrown toenail great toe; and acute paronychia great toe. Date of injury is August 18, 2014. The request for authorization is dated June 9, 2015. The injured worker sustained an injury to the right foot. According to a June 3, 2015 progress note, the injured worker's subjective complaints included right foot pain. X-rays were performed that did not show an acute fracture. Objectively, there was tenderness palpation. There were no neurologic abnormalities except for a positive Tinel's. The treating provider requested MRI to check for residual damage to tendons. Indications for MRI include chronic ankle pain, suspect osteochondral injury with normal plain films; suspected tendinopathy, plain films normal; pain of uncertain etiology, plain films normal. The clinical documentation is nonspecific. There is no clinical indication for an MRI of the ankle and foot. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and nonspecific subjective and objective clinical findings, MRI right ankle and foot is not medically necessary.