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| Case Number: | CM15-0136497 | | |
| Date Assigned: | 07/30/2015 | Date of Injury: | 08/18/2014 |
| Decision Date: | 08/27/2015 | UR Denial Date: | 06/30/2015 |
| 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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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, who sustained an industrial injury on August 18, 2014, incurring injuries to the right knee, right foot and right ankle. He was diagnosed with ankyloses of the right foot and right ankle, right knee sprain, and right lower extremity paresthesia. Treatment included anti-inflammatory drugs, proton pump inhibitor, and activity restrictions. Currently the injured worker complained of persistent achy, sharp pain in the right foot and ankle. The right great toe was noted to be inflamed from an infected great toenail. He complained of constant increased pain with walking. The treatment plan that was requested for authorization included Magnetic Resonance Imaging of the right foot and Magnetic Resonance Imaging of the right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Right Foot: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-375.

Decision rationale: The MTUS ACOEM guidelines discuss imaging modalities in cases of foot and ankle pain. In this case, the patient has been diagnosed with ankylosis of the ankle and foot. It is not apparent that red flags exist to warrant consideration of advanced imaging as physical exam findings are essentially normal with only subjective pain, and with a nail excision pending, it would be valuable for the request to be considered after completion of treatment in order to facilitate evaluation of treatment success or failure. While an MRI may eventually be an appropriate modality, there is no clear evidence in the provided records that other avenues have been exhausted prior to the request for MRI, and therefore the request is not considered medically necessary at this time.

MRI of the Right Ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-375.

Decision rationale: The MTUS ACOEM guidelines discuss imaging modalities in cases of foot and ankle pain. In this case, the patient has been diagnosed with ankylosis of the ankle and foot. It is not apparent that red flags exist to warrant consideration of advanced imaging as physical exam findings are essentially normal with only subjective pain, and with a nail excision pending, it would be valuable for the request to be considered after completion of treatment in order to facilitate evaluation of treatment success or failure. While an MRI may eventually be an appropriate modality, there is no clear evidence in the provided records that other avenues have been exhausted prior to the request for MRI, and therefore the request is not considered medically necessary at this time.