MAXIMUS Federal Services

Case Number:	CM15-0139517		
Date Assigned:	07/29/2015	Date of Injury:	09/17/2014
Decision Date:	08/27/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/17/2015

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:

This is a 47 year old female with a September 17, 2014 date of injury. A progress note dated June 10, 2015 documents subjective complaints (left foot and toe pain that is dull and achy but becomes sharp and shooting with any increased activity and is very sensitive to touch; phantom limb pain over the fourth digit, pain with possible necrosis; left ankle pain; lumbar spine pain, right greater than left due to overcompensation; sleep deprivation related to the pain; stress, anxiety and depression with pain), objective findings (lumbar spine tenderness and paravertebral muscle spasm on the right; decreased and painful range of motion of the lumbar spine; positive Kemp's test on the right; diminished sensation on the sole and dorsum of the left foot; decreased motor strength of the left lower extremity; left fourth toe is amputated at the proximal interphalangeal joint with extensor muscle damage; wound to the base of the first toe at the metacarpophalangeal joint; tenderness to palpation in the sole of the foot and toes; tenderness to palpation to the dorsum of the foot and toes; misaligned toes on the left foot with weakness, discoloration, and a healing nickel size wound under the fourth metatarsal head), and current diagnoses (crush injury to the left foot with phantom pain over the fourth digit; left ankle sprain and strain; lumbar spine sprain and strain; sleep deprivation; stress, anxiety, and depression; misaligned toes of the left foot). Treatments to date have included left foot surgery, physical therapy, and medications. A progress report dated June 10, 2015 states that the patient has been fitted with orthotics but has not been given them. Acupuncture is also recommended. The treating physician documented a plan of care that included a magnetic resonance imaging of the left foot and toes.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of left foot/toes: 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), Magnetic resonance imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-3.

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 (as acupuncture and orthotics are recommended), 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.