MAXIMUS Federal Services

Case Number:	CM15-0142114		
Date Assigned:	07/31/2015	Date of Injury:	03/08/2012
Decision Date:	09/04/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/22/2015

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

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 53 year old male, who sustained an industrial injury on 3-8-2012. The mechanism of injury was sustained during a roof collapse. The injured worker was diagnosed as having diffuse post traumatic arthritis, possible posterior tibial tendon dysfunction-rupture and possible tarsal tunnel syndrome or radiculopathy. There is no record of a recent diagnostic study. Treatment to date has included surgery, orthotics, injections, therapy and medication management. In a progress note dated 6-25-2015, the injured worker complains of recurrent left foot and ankle pain. Physical examination showed decreased left foot and ankle active range of motion with full passive range of motion. There is tenderness and swelling in the medial aspect of the left ankle and a palpable mass proximal to the 2nd metatarsal head. The treating physician is requesting Magnetic resonance imaging of the left foot and ankle without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast of the left foot: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

Treatment Index, 11th edition, Foot and Ankle, Indications for Imaging-MRI (magnetic resonance imaging).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Ankle & Foot Magnetic resonance imaging (MRI).

Decision rationale: The patient presents with pain affecting the left foot and ankle. The current request is for MRI without contrast of the left foot. The treating physician states in the report dated 7/14/15, "The patient's symptoms have progressed to the point where he is considering surgical invention. A current MRI (last MRI 12/12/2013) is necessary to evaluate his options." (5B) The ODG Guidelines support repeat foot MRIs and state, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." In this case, the treating physician has documented a clear change in the patient's progressive symptoms and the patient's pain is worsening. The current request is medically necessary.

MRI without contrast of the left ankle: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th edition, Foot and Ankle, Indications for Imaging-MRI (magnetic resonance imaging).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Ankle Magnetic resonance imaging (MRI).

Decision rationale: The patient presents with pain affecting the left foot and ankle. The current request is for MRI without contrast of the left ankle. The treating physician states in the report dated 7/14/15, "His left subtalar joint pain and sinus tarsitis is getting worse and now he has developed posterior tibial dysfunction symptoms. A new MRI without contrast of the left ankle was requested and denied. The patient's symptoms have progressed to the point where he is considering surgical invention. A current MRI (last MRI 12/12/2013) is necessary to evaluate his options." (5B) The ODG Guidelines support repeat ankle MRIs and state, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." In this case, the treating physician has documented a clear change in the patient's progressive symptoms. The current request is medically necessary.