MAXIMUS Federal Services

Case Number:	CM15-0146773		
Date Assigned:	08/10/2015	Date of Injury:	06/18/2009
Decision Date:	09/08/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/28/2015

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 47-year-old female, who sustained an industrial injury on June 18, 2009, incurring right lower extremity injuries. She was diagnosed with a right foot 5th metatarsal fracture, open wound with a lacerated tendon, plantar nerve lesion, complex regional pain syndrome and severe peripheral vascular disease. Magnetic Resonance Imaging of the right foot revealed a right metatarsal fracture and cuboid fracture. She underwent stenting and bypass to improve the circulation of the lower extremity. She underwent amputation of the right forefoot secondary to necrosis. Treatments included wound care, pain medications, cam walker, modified activities, topical analgesic patches, and activity restrictions. Currently, the injured worker complained of a non-healing wound of the right foot. She noted persistent sharp radiating pain of the right foot. The treatment plan that was requested for authorization included Magnetic Resonance Imaging for the right foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for the Right 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, Ankle and Foot (Acute & Chronic), Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-75.

Decision rationale: The MTUS ACOEM guidelines discuss imaging modalities in cases of foot and ankle pain. In this case, the patient has been injured for several years but provided documents do not clearly describe treatment over the past several years. While and MRI may eventually be an appropriate modality, there is no evidence in the provided records that other imaging has been attempted prior to the request for MRI, nor is there sufficient information about the current injury status or potential for operative consideration to warrant advanced imaging at this time. If there is concern for issues that are severe and potentially operative, to include osteonecrosis, etc., the notes should clearly reflect such rationale. Therefore the request is not medically necessary at this time.