

Case Number:	CM15-0168327		
Date Assigned:	09/09/2015	Date of Injury:	04/10/2014
Decision Date:	10/14/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/26/2015

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: Texas, New York, California
 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic foot and ankle pain reportedly associated with an industrial injury of April 10, 2014. In a Utilization Review report dated August 7, 2015, the claims administrator failed to approve a request for foot and ankle MRI imaging. A July 8, 2015 progress note was referenced in the determination. In a handwritten note dated August 19, 2015, the applicant was asked to continue current employment. The note was very difficult to follow and comprised, in large part, of pre-printed checkboxes. The applicant reported a primary complaint of chronic low back pain. On June 25, 2015, the applicant consulted a pain management physician reporting complaints of foot and ankle pain. The applicant reported ancillary issues with weight gain and sleep disturbance secondary to her chronic pain complaints. It was suggested that the applicant had issues with dull foot and ankle pain. Numbness about the feet was reported. It was suggested that the applicant was working in a self-employed capacity. A normal-appearing left lower extremity was noted. Normal range of motion about the ankle was noted with normal motor and sensory function also appreciated about the same. The attending provider stated that he had requested an "updated" MRI of the foot and ankle, despite acknowledging that the claimant had had said studies in the past. The attending provider was given diagnoses of chronic ankle sprain and "rule out internal derangement-left ankle." Oral diclofenac, topical flurbiprofen and Prilosec were all endorsed. The applicant was returned to regular duty work on a progress note of April 21, 2015 and via work status report of March 10, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left foot: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Special Studies, Surgical Considerations.

Decision rationale: No, the request for MRI imaging of the left foot was not medically necessary, medically appropriate, or indicated here. The requesting provider stated on June 25, 2015 that the primary operating diagnosis was "chronic left ankle strain." However, the MTUS Guideline in ACOEM Chapter 14, Table 14-5, and page 375 notes that MRI imaging is scored "0/4" in its ability to identify and define suspected ankle sprains, as was seemingly present here. The MTUS Guideline in ACOEM Chapter 14, page 374 also notes that disorders of soft tissues yield negative radiographs and did not warrant other studies, such as MRI imaging. Here, the requesting provider was a pain management physician (as opposed to a foot or ankle surgeon). There was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention based on the outcome the study in question. It was not stated how the proposed study would influence or alter the treatment plan. The attending provider seemingly suggested on June 24, 2015 that the MRI study had been ordered on a "rule out" basis, without any clearly formed intention of acting on the results of the same. It was not clearly stated or clearly established why MRI imaging was sought for a diagnosis which it is scored 0/4 in its ability to identify and define, per the MTUS Guideline in ACOEM Chapter 14, Table 14-5, page 375. Therefore, the request was not medically necessary.

MRI left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: Similarly, the request for MRI imaging of the left ankle was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-5, page 375, MRI imaging is scored "0/4" in its ability to identify and define suspected ankle sprains, i.e., the operating diagnosis here, per the requesting provider progress note of June 25, 2015. It was not clearly stated why MRI imaging was sought for a diagnosis which it is scored poorly in its ability to identify and define, per the MTUS Guideline in ACOEM Chapter 14, Table 14-5, page 375. It appeared that the MRI study had been ordered on a "rule out" basis, without any clearly formed intention of acting on the results of the same. Therefore, the request was not medically necessary.

