MAXIMUS Federal Services

Case Number:	CM15-0186425		
Date Assigned:	09/28/2015	Date of Injury:	02/02/2008
Decision Date:	11/03/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/22/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 female who sustained an industrial injury on 2-2-2008. Diagnoses have included ankle sprains, pain in limb, plantar fasciitis with heel spur syndrome in bilateral feet with right greater than left, and sinus tarsitis. Radiographs taken 7-27-2015 stated there was an old chip fracture which "may be impinging in the sinus tarsi." Documented treatment includes injections, physical therapy and ankle braces providing temporary but not "significant" relief. Medro Dosepak was noted 8-24-2015 as being helpful allowing her more mobility. She is also noted as taking Tramadol which "isn't helping with her pain anymore." The injured worker continues to complain of pain in both ankles and feet, with the right being worse. The provider stated on 7-27-2015 that pain was worse in the plantar central aspect of her heels, and sinus tarsi, but also worse on the right. Pain was noted with dorsiflexion, plantar flexion, inversion against resistance, and ankle range of motion was 5 on the left and right with dorsiflexion. Plantar flexion was noted as 40 degrees, subtalar joint inversion 30 degrees, and eversion 20, all bilaterally. Gait was noted to reveal total collapse of medial and longitudinal arch and she was mildly antalgic. The treating physician's plan of care includes MRI of the right and left feet and ankles "to determine any other pathology in soft tissue, bones, or joints." This was denied on 9-9-2015.

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/ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic), Magnetic resonance imaging (MRI).

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

Decision rationale: The ACOEM chapter on ankle complaints and imaging states: For patients with continued limitations of activity after four weeks of symptoms and unexplained physical findings such as effusion or localized pain, especially following exercise, imaging may be indicated to clarify the diagnosis and assist reconditioning. Stress fractures may have a benign appearance, but point tenderness over the bone is indicative of the diagnosis and a radiograph or a bone scan may be ordered. Imaging findings should be correlated with physical findings. Disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies, e.g., magnetic resonance imaging (MRI). Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. The patient has no red flags on physical exam or findings on physical exam to suggest a diagnosis requiring MRI. Therefore, the request is not medically necessary.

MRI of the left foot/ ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic), Magnetic resonance imaging (MRI).

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

Decision rationale: The ACOEM chapter on ankle complaints and imaging states: For patients with continued limitations of activity after four weeks of symptoms and unexplained physical findings such as effusion or localized pain, especially following exercise, imaging may be indicated to clarify the diagnosis and assist reconditioning. Stress fractures may have a benign appearance, but point tenderness over the bone is indicative of the diagnosis and a radiograph or a bone scan may be ordered. Imaging findings should be correlated with physical findings. Disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies, e.g., magnetic resonance imaging (MRI). Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. The patient has no red flags on physical exam or findings on physical exam to suggest a diagnosis requiring MRI. Therefore, the request is not medically necessary.