

Case Number:	CM15-0188162		
Date Assigned:	09/30/2015	Date of Injury:	05/03/2014
Decision Date:	11/12/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/24/2015

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

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 63 year old female with a date of injury of May 3, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for posterior tibial tendon dysfunction of the left foot. The injured worker underwent excision of navicular and advancement of posterior tibial tendon on March 5, 2015. Medical records dated April 20, 2015 indicate that the injured worker complained of pain with the boot, and a burning sensation of the heel and anterior ankle. A progress note dated July 29, 2015 notes subjective complaints of persistent pain the left foot. The physical exam dated April 20, 2015 reveals no swelling, healed incision, decreased range of motion, medial tenderness, and neurovascularly intact distally. The progress note dated July 29, 2015 documented a physical examination that showed left hindfoot valgus, distended posterior tibial tendon, decreased strength against resistive strength testing, and inability to do single toe rise. Treatment has included the left foot surgery, at least eleven sessions of postoperative physical therapy, and bracing. The original utilization review (September 8, 2015) non-certified a request for magnetic resonance imaging of the left ankle and magnetic resonance imaging of the left foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left ankle: Overturned

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

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

Decision rationale: The current request is for MRI Left Ankle. Treatment has included the excision of navicular and advancement of posterior tibial tendon on March 5, 2015, postoperative physical therapy, medications, injections and bracing. The patient is not working. ODG guidelines, Ankle & Foot chapter under Magnetic resonance imaging (MRI) state: Recommended as indicated below. MRI provides a more definitive visualization of soft tissue structures, including ligaments, tendons, joint capsule, menisci and joint cartilage structures, than x-ray or Computerized Axial Tomography in the evaluation of traumatic or degenerative injuries. The guidelines also state that imaging is indicated due to chronic foot pain if plain films are normal and there is pain and tenderness over navicular tuberosity or the tarsal navicular with burning pain and paresthesias along the plantar surface of the foot and toes to suspected of having tarsal tunnel syndrome or pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspected. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Per report 07/29/15, the patient presents with pain and a burning sensation of the heel and anterior ankle. Physical examination that showed left hindfoot valgus, decreased strength against resistive testing, and inability to do single toe rise. The treater states that the patient has posterior tibial dysfunction and may need additional surgery. There is no indication that an MRI of the left ankle/foot has been performed following the 03/05/15 surgery. ODG supports the use of MRIs for ankle pain as it "provides a more definitive visualization of soft tissue structures, including ligaments, tendons, joint capsule, menisci and joint cartilage structures, than x-ray or Computerized Axial Tomography..." Given the patient's complaints of pain and examination findings, the requested MRI for possible surgical planning IS medically necessary.

MRI left foot: Upheld

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

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

Decision rationale: The current request is for MRI Left Foot. Treatment has included the excision of navicular and advancement of posterior tibial tendon on March 5, 2015, postoperative physical therapy, medications, injections and bracing. The patient is not working. ODG guidelines, Ankle & Foot chapter under Magnetic resonance imaging (MRI) state: Recommended as indicated below. MRI provides a more definitive visualization of soft tissue structures, including ligaments, tendons, joint capsule, menisci and joint cartilage structures, than x-ray or Computerized Axial Tomography in the evaluation of traumatic or degenerative injuries. The guidelines also state that imaging is indicated due to chronic foot pain if plain films are

normal and there is pain and tenderness over navicular tuberosity or the tarsal navicular with burning pain and paresthesias along the plantar surface of the foot and toes to suspected of having tarsal tunnel syndrome or pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspected. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Per report 07/29/15, the patient presents with pain and a burning sensation of the heel and anterior ankle. Physical examination that showed left hindfoot valgus, decreased strength against resistive testing, and inability to do single toe rise. The treater states that the patient has posterior tibial dysfunction and may need additional surgery. There is no indication that an MRI of the left ankle/foot has been performed following the 03/05/15 surgery. ODG supports the use of MRIs for ankle/foot pain as it "provides a more definitive visualization of soft tissue structures, including ligaments, tendons, joint capsule, menisci and joint cartilage structures, than x-ray or Computerized Axial Tomography..." However, the patient does not present with any forefoot pain for which MRI of foot may be indicated. The patient presents with ankle and hindfoot pain for which MRI of ankle is requested and recommended. The requested MRI of foot IS NOT medically necessary.