

Case Number:	CM15-0029199		
Date Assigned:	02/23/2015	Date of Injury:	07/21/2013
Decision Date:	04/02/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/17/2015

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: Emergency 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 37 year old female, who sustained a work/ industrial injury on 7/21/13 due to moving a container filled with coins and the container fell, striking the right great toe. She has reported symptoms of ongoing right foot pain, limiting ambulation. Prior medical history was not documented. The diagnoses have included contracture tendon, crushing foot injury, tenosynovitis foot/ankle, and closed fracture. Treatments to date included medication, steroid injection, and controlled ankle motion (CAM) walking boot. Diagnostics included a Magnetic Resonance Imaging (MRI) that noted edema of the distal phalanx of her hallux. Examination noted good range of motion of the great toe and marked tenderness and swelling over the origin of the plantar fascia on the right. X-ray of the right foot revealed normal osseous exam of the right foot. The Magnetic Resonance Imaging (MRI) was to be repeated since it had been a year from prior study. On 2/6/15, Utilization Review non-certified a MRI Right Foot; MRI Right Ankle, noting the California MTUS, ACOEM Guidelines, and Official Disability Guidelines (ODG) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right Foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines. MEDLINE/Pubmed. Anthem Blue Cross Medical Policies and Clinical UM Guidelines. National Guidelines Clearing House. Available at <http://www.guidelines.gov>. Government Agency, Medical Society and other authoritative publications. U.S. Department of Health and Human Services National Institute of Health (NIH) Guidelines, available at <http://health.nih.gov>. Any other available guidelines that are recognized by the national medical community and are scientifically based.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 375.

Decision rationale: The requested MRI Right Foot, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 14, Ankle & Foot Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Page 375, recommend imaging studies with documented red flag conditions after failed conservative treatment trials. The injured worker has persistent right foot pain and limited ambulation. The treating physician has documented: Diagnostics included a Magnetic Resonance Imaging (MRI) that noted edema of the distal phalanx of her hallux. Examination noted good range of motion of the great toe and marked tenderness and swelling over the origin of the plantar fascia on the right. X-ray of the right foot revealed normal osseous exam of the right foot. The treating physician has not documented the current presence of red flag conditions, nor an acute clinical change since the date of the previous imaging study. The criteria noted above not having been met MRI Right Foot is not medically necessary.

MRI Right Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines. MEDLINE/Pubmed. Anthem Blue Cross Medical Policies and Clinical UM Guidelines. National Guidelines Clearing House. Available at <http://www.guidelines.gov>. Government Agency, Medical Society and other authoritative publications. U.S. Department of Health and Human Services National Institute of Health (NIH) Guidelines, available at <http://health.nih.gov>. Any other available guidelines that are recognized by the national medical community and are scientifically based.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 375.

Decision rationale: The requested MRI Right Ankle, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 14, Ankle & Foot Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Page 375, recommend imaging studies with documented red flag conditions after failed conservative treatment trials. The injured worker has persistent right foot pain and limited ambulation. The treating physician has documented: Diagnostics included a Magnetic Resonance Imaging (MRI) that noted edema of the distal phalanx of her hallux. Examination

noted good range of motion of the great toe and marked tenderness and swelling over the origin of the plantar fascia on the right. X-ray of the right foot revealed normal osseous exam of the right foot. The treating physician has not documented the current presence of red flag conditions, nor an acute clinical change since the date of the previous imaging study. The criteria noted above not having been met MRI Right Ankle is not medically necessary.