

Case Number:	CM15-0032460		
Date Assigned:	02/25/2015	Date of Injury:	10/22/2014
Decision Date:	04/22/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/20/2015

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: 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 51-year-old female, who sustained an industrial injury on 10/22/14. The injured worker has complaints of right foot pain, the pain radiates into the toes, foot, ankle, hip and back. Symptoms include locking, stiffness and stabbing pain. The documentation noted that the symptoms are intermittent, improving in the foot, and worsening in the knee and hip. Right foot X-rays 1/7/15 reveals no evidence of fracture. MIR right foot was negative. The diagnoses have included rule out tendon injury on the plantar aspect of the foot. According to the utilization review performed on 1/22/15, the requested Outpatient right foot MRI without contrast has been non-certified. American College of Occupational and Environmental Medicine (ACOEM) Ankle and Foot Disorders were used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient right foot MRI without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

Decision rationale: According to guidelines, it states 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. According to the medical records there is no indication for MRI and thus not medically necessary.