

<b>Case Number:</b>	CM15-0034275		
<b>Date Assigned:</b>	03/02/2015	<b>Date of Injury:</b>	03/15/2011
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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:

The injured worker is a 39 year old male, who sustained an industrial injury on 3/15/11. He has reported left foot injury. The diagnoses have included foot pain secondary to possible non union of prior Lisfranc arthrodesis, left and painful prominent retained hardware, left. Treatment to date has included medications and surgery. Surgery included status post left foot hardware removal on 8/18/14. Currently, as per the physician progress report dated 1/13/15, the injured worker complains of pain at the bottom of the foot pointing the plantar second metatarsal phalangeal joint, and states that the second digit is stiff. Her is status post left foot hardware removal on 8/18/14 and admits to sensitivity at the surgical site. He is ambulating in regular shoes. The X-rays of the foot revealed shortening of the first ray, relative to the lesser metatarsals, and second metatarsal protrusion distance approximately 8 millimeters. Physical exam of the left foot revealed increased tenderness noted to the plantar second metatarsal head. The Lachman test is positive for pain and mild dorsal displacement at the second metatarsal phalangeal joint. The second digit protrudes several millimeters beyond the hallux. There was mild tenderness noted at the surgical sites at the mid foot. After review of the films, and the new findings on exam there was concern for overload of the lesser metatarsals, in particular the second one, as a result of the first ray shortening that occurred secondary to his midfoot arthrodesis. Request was for Magnetic resonance imaging (MRI) of the left foot with contrast to better evaluate the second metatarsal phalange, in particular the plantar plate. On 1/31/15 Utilization Review non-certified a request for Magnetic resonance imaging (MRI) of the left foot with contrast, noting the (MTUS) Medical Treatment Utilization Schedule and (ACOEM)

Occupational Medicine Practice Guidelines Chapter 14 ankle and foot complaints page 374 were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Magnetic resonance imaging (MRI) of the left foot with contrast:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): Chapter 14, "Ankle/foot complaints", page 374-375.

**Decision rationale:** Guidelines state MRI of the foot and ankle provides a more definitive visualization of the soft tissue structures, including ligaments, tendons, joint capsule, menisci and joint cartilage structures, than x-ray or CT scan in the evaluation of traumatic or degenerative injuries. The majority of cases can be successfully treated conservatively, but in cases requiring surgery (e.g., plantar fascia rupture in competitive athletes, deeply infiltrating plantar fibromatosis, masses causing tarsal tunnel syndrome), MR imaging is especially useful in planning surgical treatment by showing the exact location and extent of the lesion; however, the imaging study is not recommended as a screening tool, but reserved for more specific diagnoses or plan operative interventions, not presented here. Indications also require normal findings on plain films with suspected osteochondral injury, tendinopathy not demonstrated here. Submitted reports have not adequately demonstrated clear diagnosis with correlating clinical findings to support for guidelines criteria of imaging s/p recent hardware removal without postoperative complication. There are exam findings of tenderness; however, with intact motor strength, no instability presentation. The Magnetic resonance imaging (MRI) of the left foot with contrast is not medically necessary and appropriate.