MAXIMUS Federal Services

| Case Number: | CM15-0037445 | | |
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| Date Assigned: | 03/05/2015 | Date of Injury: | 02/02/2013 |
| Decision Date: | 04/14/2015 | UR Denial Date: | 02/13/2015 |
| Priority: | Standard | Application Received: | 02/27/2015 |

## 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: New York, Tennessee
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 (IW) is a 54 year old male who sustained an industrial injury on 02/02/2013. He has reported left foot, left knee, and lower back pain. Diagnoses include other sprain of the foot. Treatments to date include orthotics. A progress note from the treating provider dated 01/28/2015 notes pain with light touch of the dorsal left foot and decreased sensation with palpation of the dorsal 2-4 toes. The left foot was mildly edematous, and there was pain to palpation of the metatarsal cuneiform joints left foot as well as the lesser metatarsals. There was pain to palpation of toes 2, 3, and 4. The x-rays were negative for fracture. A MRI of the left foot was requested, noting there had not been treatment (other than orthotics) and the injury is since 2012. On 03/05/2015 Utilization Review non-certified a request for MRI without contrast, left foot. The MTUS-ACOEM Guidelines were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI without contrast, left foot:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle & foot, Magnetic resonance imaging (MRI).

**Decision rationale:** 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 majority of patients with heel pain can be successfully treated conservatively, but in cases requiring surgery (eg, 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. MRI is being used with increasing frequency and seems to have become more popular as a screening tool rather than as an adjunct to narrow specific diagnoses or plan operative interventions. One study suggests that many of the pre-referral foot or ankle MRI scans obtained before evaluation by a foot and ankle specialist are not necessary. Indications for imaging MRI (magnetic resonance imaging): Chronic ankle pain, suspected osteochondral injury, plain films normal; Chronic ankle pain, suspected tendinopathy, plain films normal; Chronic ankle pain, pain of uncertain etiology, plain films normal; Chronic foot pain, pain and tenderness over navicular tuberosity unresponsive to conservative therapy, plain radiographs showed accessory navicular; Chronic foot pain, athlete with pain and tenderness over tarsal navicular, plain radiographs are unremarkable; Chronic foot pain, burning pain and paresthesias along the plantar surface of the foot and toes, suspected of having tarsal tunnel syndrome; Chronic foot pain, pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspected; Chronic foot pain, young athlete presenting with localized pain at the plantar aspect of the heel, plantar fasciitis is suspected clinically; Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case the patient has MRI of the left foot in August 2012. There is no documentation of significant change in symptoms or presence of red flags. MRI of the foot is not indicated. The request should not be authorized.