

Case Number:	CM15-0045011		
Date Assigned:	03/17/2015	Date of Injury:	11/06/2008
Decision Date:	04/24/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/10/2015

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: North Carolina

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 45 year old female, who sustained an industrial injury on 11/6/08. The injured worker was diagnosed as having cervical region disc disorder, carpal tunnel syndrome, tear of lateral cartilage or meniscus of bilateral knees, degenerative joint disease of right knee, left ankle internal derangement, right shoulder internal derangement and left elbow sprain/strain. Treatment to date has included physical therapy, activity restrictions, epidural injections and oral medications. Currently, the injured worker complains of left and right lumbar pain, left and right sacroiliac pain and left and right anterior knee pain. The injured worker states pain is improved with rest and pain medication. The treatment plan consists of physical therapy, pain management, podiatry consult, prescription for Nabumetone and (MRI) magnetic resonance imaging of left and right foot and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left foot: 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: The ACOEM chapter on foot complaints and MRI 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. There is no suspicion for this diagnosis and thus the request does not meet criteria and is not medically necessary.

MRI right foot: 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: The ACOEM chapter on foot complaints and MRI 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. There is no suspicion for this diagnosis and thus the request does not meet criteria and is not medically necessary.