

Case Number:	CM15-0055304		
Date Assigned:	03/30/2015	Date of Injury:	05/13/2014
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/23/2015

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: 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 48 year old male, who sustained an industrial injury on 5/13/14. The injured worker has complaints of bottom of right foot pain. The diagnoses have included neuropraxia right foot. Treatment to date has included trigger point injection; lidoderm patches; physical therapy; X-rays; Magnetic Resonance Imaging (MRI) on 6/11/14 showed evidence of a mixture of subacute denervation and fatty atrophy involving the medial head of the flexor hallucis brevis of the right foot. The request was for Magnetic Resonance Imaging (MRI) for right foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for right foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot Chapter.

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

Decision rationale: The requested MRI for 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 right foot pain. The treating physician has documented Magnetic Resonance Imaging (MRI) on 6/11/14 showed evidence of a mixture of subacute denervation and fatty atrophy involving the medial head of the flexor hallucis brevis of the right foot. The treating physician has not documented evidence of an acute clinical changes since a previous MRI. The criteria noted above not having been met, MRI for right foot is not medically necessary.