

<b>Case Number:</b>	CM15-0060563		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	01/17/2014
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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 60 year old male with an industrial injury dated January 17, 2014. The injured worker diagnoses include lumbar discopathy and right charcot foot arthropathy. He has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 02/17/2015, the injured worker reported low back pain radiating of pain into the lower extremities, constant pain in the right hip, right knee and right foot. Objective findings revealed pain and tenderness in the mid to distal lumbar segments, radicular pain component of the right side greater than the left and positive seated nerve root test. The treating physician also noted pain and tenderness in the right hip, anterior joint line space of right knee, and plantar aspect of right foot. The treating physician prescribed services for MRI of the right foot now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right foot:** Overturned

**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 Ankle & Foot chapter, Magnetic resonance imaging (MRI).

**Decision rationale:** The patient presents with constant pain in the right foot that is aggravated by ascending and descending stairs, lifting and bending, rated 7/10. The request is for an MRI of the right foot. There is no RFA provided and the patient's date of injury is 01/17/14. Per 02/17/15 report, physical examination to the right foot revealed tenderness in the plantar aspect consistent with possible arthropathy secondary to Charcot feet. There is pain with terminal motion. The 11/25/14 report states, "the radiographic examination of the right foot, obtained today, did reveal signs and symptoms consistent with Charcot arthropathy." Current medications include Humalog, Hydralazine and Carvedilol, per 11/24/14 report. The patient's work status is unavailable. Regarding MRI of the foot/ankle, ODG guidelines, chapter 'Ankle & Foot' and topic 'Magnetic resonance imaging (MRI)', state that imaging is indicated due to chronic foot pain if plain films are normal and there is pain and tenderness over navicular tuberosity or the tarsal navicular with burning pain and paresthesias along the plantar surface of the foot and toes to suspected of having tarsal tunnel syndrome or pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspected. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Per 02/17/15 report, treater request for an MRI of the right foot. Review of the reports does not mention a prior MRI of the right foot. Given the patient's chronic right foot pain and exam findings, an MRI does appear consistent with ODG guidelines. The request IS medically necessary.