

Case Number:	CM15-0085560		
Date Assigned:	05/08/2015	Date of Injury:	09/27/2007
Decision Date:	06/09/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/05/2015

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 (n) 51-year-old female, who sustained an industrial injury on 9/27/07. She reported pain in her legs and feet after being repeatedly kicked by a student. The injured worker was diagnosed as having bilateral foot metatarsalgia. Treatment to date has included an EMG study, an MRI, a TENs unit, compression stockings and NSAID creams. As of the PR2 dated 3/18/15, the injured worker reports electric shock feeling in the right heel and the inside of the right foot. Objective findings include ankle range of motion is 20 degrees of dorsiflexion and 60 degrees of plantar flexion. No swelling, erythema or ecchymosis was noted. The treating physician requested a right foot MRI and compression stocking 15-20mmHg.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right Foot: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 with diagnosis of foot metatarsalgia and exam findings of tenderness, intact motor strength, no swelling, erythema, ecchymosis, or instability presented. The MRI Right Foot is not medically necessary and appropriate.

Compression Stockings 15-20 MM/Hg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee, Compression Garments, page 291.

Decision rationale: Per Guidelines, compression stockings are effective in the treatment of healing leg ulcers and prevention of progressive post-thrombotic syndrome and management of lymphedema. Submitted reports have not demonstrated any indication, clinical findings, or identified any associated diagnosis to support for this DME per guidelines criteria. The Compression Stockings 15-20 MM/Hg is not medically necessary and appropriate.