

Case Number:	CM15-0088401		
Date Assigned:	05/12/2015	Date of Injury:	05/09/2007
Decision Date:	06/23/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/08/2015

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 35 year old male, who sustained an industrial injury on 5/9/07. The injured worker has complaints of left lower back pain radiating to the left. The injured worker describes symptoms of left heel and ankle pain radiating up the left buttock. The diagnoses have included tibialis tendonitis and heel pain. Treatment to date has included voltaren gel; electromyography/nerve conduction study from 9/13/13 were normal; magnetic resonance imaging (MRI) from 2007 reported the magnetic resonance imaging (MRI) of the ankle was normal; lumbar spine X-rays showed that there was mild narrowing of the L5-S1 (sacroiliac) disc, normal lordosis and mild foraminal narrowing at L5-S1 (sacroiliac). The request was for magnetic resonance imaging (MRI) of left foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Left foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic).

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 (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; 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 previous MRI noted to be normal without instability presented. The MRI of left foot is not medically necessary and appropriate.