

<b>Case Number:</b>	CM15-0089432		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	01/31/2015
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Arizona, Texas  
 Certification(s)/Specialty: Internal 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:

This 64 year old female sustained an industrial injury to the neck, shoulders, back and bilateral feet/ankles on 6/1//14. Previous treatment included magnetic resonance imaging, cervical fusion (10/2014), physical therapy and medications. The injured worker presented to the Emergency Department on 2/1/15 after a fall at home with complaint of increased neck pain. Physical exam was remarkable for right upper extremity with 4/5 strength and intact sensation. Magnetic resonance imaging cervical spine (2/1/15) showed status post anterior cervical discectomy and fusion wit out fracture or cord compression. The injured worker received an injection of pain medication while in the Emergency Department. An undated request for authorization was submitted for bilateral foot magnetic resonance imaging with a diagnosis of bilateral posterior tibial tendinosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral foot MRI:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot - MRI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

**Decision rationale:** According to the ACOEM, for patients with continued limitations of activity after four weeks of symptoms and unexplained physical findings such as effusion or localized pain, especially following exercise, imaging may be indicated to clarify the diagnosis and assist reconditioning. Stress fractures may have a benign appearance, but point tenderness over the bone is indicative of the diagnosis and a radiograph or a bone scan may be ordered. Imaging findings should be correlated with physical findings. 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. In this case the documented doesn't support that the patient has failed conservative treatment or have any delayed recovery. The use of imaging with MRI is not supported by the documentation.