

Case Number:	CM14-0123959		
Date Assigned:	08/08/2014	Date of Injury:	10/30/2013
Decision Date:	10/16/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/05/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED], employee who has filed a claim for foot pain reportedly associated with an industrial injury of October 30, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; reported diagnosis of a fifth metatarsal fracture; and work restrictions. In a utilization review report dated July 22, 2014, the claims administrator denied a request for MRI imaging of the left foot without contrast. The applicant's attorney subsequently appealed. In a progress note dated July 31, 2014, the applicant was described as having persistent complaints of foot and ankle pain, reportedly localized to the left fifth metatarsal. The applicant was reportedly working regular duty and tolerating the same appropriately. The applicant was asked to continue orthotics and taping. The applicant was again returned to regular duty work. In an application for independent medical review dated June 18, 2014, the applicant's attorney seemingly stated that an MRI imaging of the foot was being sought for the stated diagnosis of fifth metatarsal fracture. In an April 29, 2014, progress note, the applicant was again returned to regular duty work. Orthotics were endorsed. Left fifth metatarsal pain was again reported. On April 11, 2014, the applicant stated that he was "90%-95%" improved.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left Foot without contrast: 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) Treatment for Ankle & Foot (updated 3/26/14)

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 14, page 374 does acknowledge that MRI imaging of the foot may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery, in this case, however, the applicant has and is seemingly responding favorably to conservative treatment with time, medications, observation, orthotics, etc. The applicant has been returned to regular duty work. By his own self-report, the applicant is 90%-95% improved. It is unclear what role the proposed MRI imaging of the foot would serve here, the applicant already has an established diagnosis of appropriately healing fifth metatarsal fracture. Therefore, the request is not medically necessary.