

<b>Case Number:</b>	CM14-0131240		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	08/06/2008
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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:

This is a 65-year-old female with an 8/6/08 date of injury. The exact mechanism of injury has not been described. On 7/1/14, the patient is noted to be about 9 months post-op from right foot surgery. She feels that she is in about the same place she has been for the past several months. By the end of the day, her foot is swollen and painful. She also has pain on the spot where the callous was, but she has been using pumice to keep the callous down. Objective: right foot: very tender with forced plantar flexion of 2nd toe. No erythema. There is stiffness in the second toe; the big toe does not lie flat with the ground. All toes move well. Sensation is intact to light touch to bilateral lower extremities. She walks without a limp. Distal pulses full and equal. Diagnostic Impression: hammer toe, bunion, and tenosynovitis. Treatment to date: Lidoderm patches, orthotics, s/p right foot condylectomy on 10/14/13. A UR decision dated 7/18/14 denied the request for a foot MRI because there was no documentation of what surgery the patient had previously. There were no plain films and no documentation of specific findings or abnormal pathology.

### 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 Outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

**Decision rationale:** CA MTUS states that "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. However, there is no documentation of recent plain film radiographs. This patient is noted to be post-operative from a right foot condylectomy in October of 2013, but there is no documentation of significant changes in the patient's condition to warrant repeat imaging. There is no evidence of instability. The patient has good ROM of all her toes, is neurovascularly intact, and ambulates without a limp. It is unclear why a MRI of the right foot is being requested for this patient. Therefore, the request for MRI of the right foot outpatient was not medically necessary.