

Case Number:	CM15-0120394		
Date Assigned:	06/30/2015	Date of Injury:	09/09/2013
Decision Date:	07/29/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/22/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year old female, who sustained an industrial injury on 09/09/2013. The injured worker reported that while walking into work her right big toe hit the metal frame of a door causing her to fall back twisting her right ankle along with two lacerations. The injured worker was diagnosed as having neuritis versus extensor hallucis longus tenosynovitis along with decreased motion and pain to the dorsal hallux of the right foot. Treatment and diagnostic studies to date has included x-rays of the right foot, use of orthotics, magnetic resonance imaging, medication regimen, massage therapy, use of crutches, and physical therapy. In a progress note dated 04/16/2015 the treating physician reports complaints of throbbing, stabbing pain to the right hallux that radiates to the right ankle. Examination reveals unequal weight bearing observed, limp with gait to avoid the right hallux, absent sharp/dull sensation to the right medial hallux, decreased pulses to the dorsalis pedis and the posterior tibial, and decreased range of motion with pain, crepitus, rectus, and medial incision to the metatarsophalangeal joints. The treating physician requested magnetic resonance imaging of the right foot as an outpatient noting that a prior magnetic resonance imaging was performed, but no report was received by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI without contrast of the right foot: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic) Magnetic resonance imaging (MRI) and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p13.

Decision rationale: The claimant sustained a work injury in September 2013 and continues to be treated for right foot pain. When seen, she had pain rated at 5/10. There was decreased first metatarsophalangeal joint range of motion with crepitus. There was decreased first toe sensation. Analysis of her gait showed avoidance of weight-bearing over the right first toe. Testing had included a previous MRI scan but the report was not available. Applicable criteria for obtaining an MRI of the foot include chronic ankle pain when plain films are normal, or when there is suspicion of tarsal tunnel syndrome, a Morton's neuroma, or, when in a young athlete presenting with localized pain at the plantar aspect of the heel, plantar fasciitis is suspected clinically. In this case, none of these criteria is met. Additionally, guidelines recommend against repeated diagnostic testing without indication as it focuses the patient on finding an anatomic abnormality, rather than focusing on maintaining and increasing functional outcomes. In this case, a previous MRI had been done with unknown result. Requesting repeat imaging without review of the scan previously obtained is not appropriate or medically necessary.