

<b>Case Number:</b>	CM15-0173540		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	05/21/2004
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 62 year old male patient, who sustained an industrial injury on 5-21-2004. The diagnoses include avascular necrosis of the talus, arthritis of the ankle-foot (unspecified), and plantar fasciitis. According to the progress report dated 7-14-2015, he had complains of increased pain in left foot with weight bearing. The physical examination revealed tenderness over the navicular. The current medication list is not specified in the records provided. He has had X-rays on 7/14/15 which showed arthritis throughout the mid foot and no fracture. Treatment to date has included x-rays and a walking boot. Work status is described as working full-time. The original utilization review (8-7-2015) modified a request for follow up visit with orthopedic surgeon. The request for MRI of the left foot-ankle was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the Left Foot Without Contrast QTY: 1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Special Studies.

**Decision rationale:** MRI of the left foot without contrast qty: 1. Per the ACOEM guidelines "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. Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery." Per the records provided patient had increased pain in left foot with weight bearing and the physical examination revealed tenderness over the navicular. Patient has diagnosis of avascular necrosis of the talus. Patient has had ankle/foot X-rays. It is medically appropriate and necessary to perform MRI foot/ankle to further manage his ankle/foot symptoms. The request of MRI of the left foot without contrast qty: 1 is medically necessary and appropriate for this patient.

**MRI of the Left Ankle Without Contrast QTY: 1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Special Studies.

**Decision rationale:** MRI of the left ankle without contrast qty: 1. Per the ACOEM guidelines "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. Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery." Per the records provided patient had increased pain in left foot with weight bearing and the physical examination revealed tenderness over the navicular. Patient has diagnosis of avascular necrosis of the talus. Patient has had ankle/foot X-rays. It is medically appropriate and necessary to perform MRI foot/ankle to further manage his ankle/foot symptoms. The request of MRI of the left ankle without contrast qty: 1 is medically necessary and appropriate for this patient.

**Follow Up Visit with Orthopedic Surgeon QTY: 3:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Follow-up Visits. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Ankle & Foot (updated 06/22/15), Office visits.

**Decision rationale:** Follow up visit with orthopedic surgeon qty: 3. Per the cited guidelines "Physician follow-up can occur when a release to modified, increased, or full-duty is needed, or

after appreciable healing or recovery can be expected, on average. Physician follow-up might be expected every four to seven days if the patient is off work and seven to fourteen days if the patient is working." In addition, per the ODG "The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible." Per the records provided patient had increased pain in left foot with weight bearing and the physical examination revealed tenderness over the navicular. Patient has diagnosis of avascular necrosis of the talus. MRIs of the left ankle and foot have been requested. Periodic Follow-up office visits is medically appropriate for management of pain symptoms and to follow up on the MRI report findings. The request of follow up visit with orthopedic surgeon qty: 3 is medically appropriate and necessary in this patient at this juncture.