

Case Number:	CM15-0176656		
Date Assigned:	09/17/2015	Date of Injury:	11/09/2014
Decision Date:	10/20/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/08/2015

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: Maryland

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

The injured worker is a 46 year old male, who sustained an industrial injury on November 9, 2014, incurring right foot injuries. The injured worker had a history of plantar fasciitis of the right heel treated with steroid injections and custom-made orthotics. He had no further heel pain from March 2014 until the date of his present injury. On this date, he complained of intense pain on the plantar aspect of the right heel. He was diagnosed with plantar fibromatosis and acquired equinus deformity. Treatment included Podiatrist consultation, home exercise program, anti-inflammatory drugs, muscle relaxants, topical analgesic creams, exercises, limited high impact activities and modified duty. A right foot and right ankle Magnetic Resonance Imaging performed on March 8, 2015, revealed a complete tear and retraction of the plantar cord, calcaneal spurring, ankle impingement with ganglion cysts and tenosynovitis. Currently, the injured worker complained of increased right foot pain. He noted swelling and tenderness and walked with a limp. The injured worker tried to return to work but was unable to run responding to alarms in his job duties. The treatment plan that was requested for authorization included a Magnetic Resonance Imaging of the right ankle without contrast and a Magnetic Resonance Imaging of the right foot without contrast. On August 27, 2015, a request for a Magnetic Resonance Imaging of the right ankle and a Magnetic Resonance Imaging of the right foot was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of right ankle without contrast: 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 (Acute & Chronic) MRI.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot-MRI.

Decision rationale: MRI of right ankle without contrast is not medically necessary per the MTUS Guidelines and the ODG. The 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. The ODG states that a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. A review of the physical exam findings reveal no significant change from prior ankle/foot physical examinations. The documentation indicates that the patient has had a prior ankle/foot MRI in March 2015. The guidelines do not support a repeat MRI without a significant change in symptoms therefore this request is not medically necessary.

MRI of right foot without contrast: 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 (Acute & Chronic) MRI.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot-MRI.

Decision rationale: MRI of right foot without contrast is not medically necessary per the MTUS Guidelines and the ODG. The 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. The ODG states that a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. A review of the physical exam findings reveal no significant change from prior ankle/foot physical examinations. The documentation indicates that the patient has had a prior ankle/foot MRI in March 2015. The guidelines do not support a repeat MRI without a significant change in symptoms therefore this request is not medically necessary.

