

Case Number:	CM15-0025787		
Date Assigned:	02/18/2015	Date of Injury:	12/23/2014
Decision Date:	04/14/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/11/2015

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 55-year-old female, who sustained an industrial injury on December 23, 2014. She has reported slipping and falling, with pressure on the left knee and foot, catching herself with both hands. The diagnoses have included cervicgia, lumbago, sensory problems with limbs, elbow/forearm sprain/strain, right ankle sprain/strain, and left foot sprain/strain. Treatment to date has included ace wrapping, a post-op shoe, and medications. Currently, the injured worker complains of persistent left foot pain, and pain in right shoulder. The Treating Physician's report dated January 13, 2015, noted some right trapezius and superior shoulder tenderness but normal range of motion (ROM) of the shoulder, with the back and neck minimally tender, the right ankle only mildly swollen and minimally tender, and the left 2nd MT (metatarsal) tender and swollen. The Physician noted the x-rays continued to be negative. On January 23, 2015, Utilization Review non-certified a MRI of the right shoulder without contrast and a MRI of the left foot without contrast, noting that possible internal derangements were not seen in the clinical provided. The MTUS American College of Occupational and Environmental Medicine Guidelines (ACOEM) was cited. On February 11, 2015, the injured worker submitted an application for IMR for review of a MRI of the right shoulder without contrast and a MRI of the left foot without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right shoulder w/o contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: California MTUS guidelines recommend imaging studies when there is emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction for example cervical root problems, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. For example, a full-thickness rotator cuff tear not responding to conservative treatment. The documentation indicates that shoulder pain has actually improved and there is full range of motion in the shoulder. There is no documentation of conservative treatment with physical therapy or a home exercise program. There is no detailed shoulder examination submitted suggestive of a rotator cuff tear or other pathology. As such, the guidelines do not recommend imaging studies for the shoulder, particularly an MRI scan. In light of the foregoing, the medical necessity of the request for a shoulder MRI has not been substantiated.

MRI Left foot w/o contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The California MTUS guidelines state that for most cases presenting with true foot and ankle disorders special studies are usually not needed until after a period of conservative care and observation. Most ankle and foot problems improve quickly once any red flag issues are ruled out. Routine testing for example laboratory tests, plain film radiographs of the foot or ankle and special imaging studies are not recommended during the first month of activity limitation except when a red flag is noted on history or examination and raises suspicion of a dangerous foot or ankle condition. The radiographs have been taken twice although the injury was on 12/23/2014 and both times there was no fracture noted. The documentation does not indicate physical therapy for the foot and ankle. There is no documentation of failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot. A detailed physical examination of the foot is not submitted. The findings indicate tenderness over the second metatarsal of the left foot for which an MRI scan is requested. In the absence of a fracture on 2 sets of films, an MRI scan of the second metatarsal is not likely to be useful. The guidelines indicate that MRI scans are more specific for disorders of soft tissue; however, if the radiographs are negative other studies such as MRI scans are not warranted except in cases of delayed recovery when it may be helpful to clarify a diagnosis such as osteochondritis dissecans. Based upon the information submitted, the guidelines do not recommend an MRI scan of the foot. As such, the medical necessity of the request has not been substantiated.

