

Case Number:	CM15-0035338		
Date Assigned:	03/03/2015	Date of Injury:	08/01/2013
Decision Date:	05/11/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/25/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49 year old female, who sustained an industrial injury on August 1, 2013. She has reported bilateral foot pain. Her diagnoses include left second metatarsal pre-dislocation syndrome, bilateral hallux abducto valgus - left worse than right, bilateral metatarsalgia, and possible bilateral plantar fasciitis. She has been treated with rest, work and activity modifications, orthotics, heat wraps, x-rays, and pain medication. On February 3, 2015, her treating physician reports she has bilateral foot pain, indicating the left second metatarsal to the forefoot area and plantar first metatarsal head, and the plantar heel area bilaterally. The physical exam revealed a mild hyperkeratotic lesion of the plantar aspect of the left foot second metatarsal head, intact sensation, and non-tender ankle joint range of motion with ability to dorsiflex beyond neutral. There was full and fluid subtalar joint range of motion, no ankle tenderness, and mild osseous prominence to the medial aspect of the first metatarsal head with a laterally deviated hallux. There was mild tracking of the joint, no hypermobility of the first ray, mildly positive Lachman test to the second metatarsophalangeal joint with significant pain, and slightly deviating second digit. The symptoms are present bilaterally, but worse on the left than the right. The treatment plan includes an MRI of the left foot to rule out a rupture of the plantar plate at the second metatarsophalangeal joint. On February 18, 2015 Utilization Review non-certified a request for an MRI of the left foot, noting the lack of documentation of indications to have the MRI of the left foot. The ACOEM (American College of Occupational and Environmental Medicine) Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left Foot: Overturned

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): 374. Decision based on Non-MTUS Citation Official disability guidelines Foot and ankle chapter, MRIs.

Decision rationale: The patient has a date of injury of 08/01/13 and presents with bilateral foot pain. The current request is for MRI Left Foot. X-ray of the left foot from 12/23/14 revealed mild medial subluxation of the second MTPJ. There is an elevated first intermetatarsal angle noted at approx. 15-16 degrees, with a laterally deviated hallux and prominent medial eminence to the first metatarsal head. Regarding MRI of the foot, ACOEM Guidelines state: "For patients with continued limitations of activity after 4 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". The ODG Guidelines under the foot and ankle chapter has the following regarding MRIs. "MRI provides a more definitive visualization of soft tissue structures, including ligaments, tendons, joint capsule, menisci and joint cartilage structures, then x-ray or computerized axial tomography and evaluation with traumatic or degenerative injuries". In this case, the patient had an x-ray of the foot performed on 12/23/14 and the treating physician is concerned for positive presence of a rupture of the plantar plate at the second MTPJ. It appears the patient has continued with pain despite conservative treatment including medication, orthotics, heat wrap and physical therapy. Given the support from the ODG Guidelines, an MRI for further evaluation is medically necessary.