

Case Number:	CM15-0098491		
Date Assigned:	05/29/2015	Date of Injury:	06/06/2014
Decision Date:	07/03/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/21/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 56-year-old who has filed a claim for chronic foot, neck, and low back pain reportedly associated with an industrial injury of June 6, 2014. In a Utilization Review report dated April 24, 2015, the claims administrator failed to approve a request for MRI imaging of the foot. A RFA form received on April 17, 2015 was referenced in the determination, along with a progress note dated March 30, 2015. The applicant's attorney subsequently appealed. On March 30, 2015, the applicant reported ongoing complaints of shoulder, arm, and hand pain. The applicant was not currently working, it was acknowledged. The applicant had apparently been terminated by her former employer, it was reported. Multifocal complaints of neck, chest wall, shoulder, elbow, hand, wrist, mid back, and foot pain were reported. The applicant had developed derivative complaints of depression and anxiety, it was acknowledged. The applicant exhibited a non-antalgic, normal gait. The applicant was able to walk on her toes and heels, it was reported, without any pain relief, with reproducible tenderness about the foot and/or ankle. X-rays of the cervical spine, shoulder, elbow, wrist, hand, thoracic spine, lumbar spine, and foot were performed. X-rays of the right foot were read as negative. The attending provider stated that he needed electro diagnostic testing of the bilateral upper and bilateral lower extremities, MRI imaging of the cervical spine, MRI imaging of the lumbar spine, MRI imaging of the hand, MRI imaging of the wrist, MRI imaging of the elbow, and MRI imaging of the foot to delineate specific organic pathology. Physical therapy was also sought. The attending provider did not state what was suspected. The attending provider did not state what was sought. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Right Foot: Upheld

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; 375.

Decision rationale: No, the request for MRI imaging of the foot was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 14, page 374, disorders of soft tissue such as tendinitis, metatarsalgia, fasciitis, and neuroma yield negative radiographs and do not warrant other studies, such as the MRI imaging at issue. The MTUS Guideline in ACOEM Chapter 14, Table 14-5, page 375 likewise scores MRI imaging as a 0/4 in its ability to identify and define suspected metatarsalgia, fasciitis, and/or sprains. Here, it was not clearly stated what was sought. It was not clearly stated what was suspected. The applicant's right foot pain complaints appear to be a minor, incidentally noted concern. The bulk of the information on file suggested that the applicant's low back, neck, and knee represented the primary pain generators. The fact that multiple MRIs of the neck, low back, wrist, hand, elbow, and foot were concurrently ordered significantly reduced the likelihood of the applicant's acting on the results of any one study and/or going on to consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.