

Case Number:	CM15-0098564		
Date Assigned:	05/29/2015	Date of Injury:	02/06/2014
Decision Date:	07/07/2015	UR Denial Date:	05/19/2015
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: 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 62 year old male who sustained an industrial injury on 02/06/14. Initial complaints and diagnoses and diagnoses are not available. Treatments to date include medications, a cast, CAM walker, ankle support, ice, massages, stretching of the toes, taping of the toes, and a right ankle injection. Diagnostic studies include x-rays of the right foot. Current complaints include right ankle pain. Current diagnoses include tibialis tendinitis, disorders of the synovium/tendon/bursa, tibiofibular sprain distal, ankle sprain, tenosynovitis foot and ankle. In a progress note dated 05/04/15 the treating provider reports the plan of care as continued medications, a MRI of the right foot and ankle, compression socks, ice, viscoelastic insole, scar massage, toe stretches, and taping of the toes. The requested treatments include is MRI of the right foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of right foot: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Ankle & Foot chapter, Magnetic resonance imaging (MRI).

Decision rationale: The patient presents with pain in the right ankle and foot. The request is for MRI of the Right Foot. Physical examination to the right foot on 03/23/15, revealed tenderness to palpation to anterior tibial tendon and posterior to the medial malleolus. Patient's diagnosis, per 02/25/15 progress report include tibial tendinitis, other disorder synovium/tendon/bursa, tibiofibular sprain distal, unsp sprain ankle, tenosynovitis foot and ankle. Patient's medications, per 02/04/15 progress report include Diclofenac Topical Gel, and Carvedilol. Patient's work status is sedentary as long as they can elevate the extremity. Regarding MRI of the foot/ankle, ODG guidelines, chapter 'Ankle & Foot' and topic 'Magnetic resonance imaging (MRI)', state that imaging is indicated due to chronic foot pain if plain films are normal and there is pain and tenderness over navicular tuberosity or the tarsal navicular with burning pain and paresthesias along the plantar surface of the foot and toes to suspected of having tarsal tunnel syndrome or pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspected. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The medical records provided do not show any previous MRI of the right foot. Patient's diagnosis include unsp sprain ankle, tenosynovitis foot and ankle and patient continues to have pain in the right foot and ankle. Given the patient's condition and the support from the ODG Guidelines, an MRI for further evaluation IS medically necessary.