

Case Number:	CM15-0099774		
Date Assigned:	06/02/2015	Date of Injury:	10/21/2014
Decision Date:	07/08/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/26/2015

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: Florida, New York, Pennsylvania
Certification(s)/Specialty: Family Practice

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 28 year old male who sustained an industrial injury on 10/21/14. The injured worker was diagnosed as having medial malleolus cortical fracture. Currently, the injured worker was with complaints of pain in the right foot and back as well as numbness in the heel. Previous treatments included medication management and heat/cold application. Previous diagnostic studies included radiographic studies and a right knee magnetic resonance imaging. Physical examination was notable for tenderness to palpation in the mid back area with pain noted upon straight leg testing. The plan of care was for a magnetic resonance imaging.

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 Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot, Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374, 378, 379.

Decision rationale: The member had a DOI of 10/21/14. The mechanism of injury was reported to have been a truck chassis that fell on his leg. The foot and ankle injuries were managed conservatively. The member unfortunately continues to complain of a generalized ankle/foot pain that is 'bothersome'. There were no Red Flag signs or symptoms such as fracture, infection, inflammation, rapidly evolving neurologic or vascular deficits. A plain film x-ray had been reported as normal and there was an absence of objective findings on examination. A second opinion by Ortho had been sought and had been approved. The ACOEM does not recommend MRI with regard to soft tissue injuries. Therefore, in the absence of any Red Flag symptoms, a negative plain film x-ray and lack of objective findings on physical exam, the non-certification for the MRI is supported. The request is not medically necessary.