

Case Number:	CM17-0021656		
Date Assigned:	02/02/2017	Date of Injury:	11/02/2016
Decision Date:	02/27/2017	UR Denial Date:	01/25/2017
Priority:	Standard	Application Received:	02/02/2017

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: Arizona, California

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 65 year old female, who sustained an industrial injury on 11-02-2016. The injured worker is undergoing treatment for right foot pain. Mechanism of injury is unclear. Current work status is working with modified duties. The treatment and diagnostic testing to date has included: evaluations. Medications have included: list not provided. Physician progress notes dated 11-8-16, reported the injured worker presented with pain to the dorsum of the foot when bearing weight when trying to stand and walk. Objective findings: minimal limp due to pain, foot exam revealed ecchymosis to dorsum of foot from the ankle, pulses and sensation are good, right foot pain is increased on dorsiflexion on taking forward steps with the left leg. The physician documented the plan is for physical therapy. Physician progress notes dated 1-16-17, reported the injured worker presented for a follow up for a right ankle and foot injury. The injured worker reported they have not done any therapy. Objective findings: right 5th metatarsal very tender to palpation, compression test at the distal 1st and 5th metatarsal positive for severe pain and there is mild swelling compared to contralateral 5th metatarsal, musculoskeletal moves all extremities spontaneously and fluid gait. The physician documented there is still pain at the right foot and the 5th metatarsal is very painful in the morning and while standing on it prolonged. The physician documented the plan is for physical therapy for a right foot sprain 5th metatarsal area and MRI of the right foot. The request for authorization is for MRI of the right foot. The UR dated 1-25-17 non-certified the request for 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 the right foot: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Special Studies, Diagnostic Criteria.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Summary.

Decision rationale: According to the ACOEM Guidelines, MRI of the foot or advanced imaging is recommended if there is greater than 13 mm of effusion on x-ray. In this case, the claimant has a pain at the 5th metatarsal head . X-rays were noted to be "negative." There is only mild swelling noted on exam and pain occurs in the morning and after prolonged standing. The injury is a month ago and persists despite therapy. X-ray report and timing of x-ray was not provided. Often x-rays can show changes after initial injury. Repeat x-rays were not performed. The request for an MRI of the foot is not medically necessary.