

<b>Case Number:</b>	CM13-0042276		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	06/21/2011
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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: Pennsylvania, Ohio, 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 06-21-2011, secondary to getting off shuttle bus, landing on her right foot resulting in pain. On provider visit dated 07-30-2013 the injured worker has reported right foot pain and lower back pain. On examination of the right ankle revealed tenderness at the 3rd and 4th metatarsal head dorsally. This was noted as consistent with probable neuroma. Tenderness was noted at the Achilles tendon distally and peroneal tendon laterally. The diagnoses have included sprain-strain of the right foot and right ankle, with evidence of Achilles tendinitis and peroneal tendinitis. Per documentation a MRI of the right was performed on 02-06-2013 however no evidence of same was not submitted for review. Treatment to date has included medication. The provider requested MRI with contrast for the right foot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI with contrast for the right foot:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot Chapter, Magnetic Resonance Imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 375.

**Decision rationale:** ACOEM recommends consideration of MRI imaging of the foot or ankle for specific differential diagnosis considerations if a patient does not respond to initial conservative treatment. However this patient previously underwent this study in February 2013; the records and guidelines do not clarify a specific differential diagnosis and clinical rationale to support the need for a follow-up MRI at this time. The request is not medically necessary.