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| Case Number: | CM13-0010535 | | |
| Date Assigned: | 01/15/2014 | Date of Injury: | 08/13/2009 |
| Decision Date: | 04/07/2014 | UR Denial Date: | 08/05/2013 |
| Priority: | Standard | Application Received: | 08/13/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 45-year-old who injured the left lower extremity in a work-related accident on 8/13/09. The clinical records for review included a recent 7/11/13 assessment by [REDACTED] who documented continued complaints of pain in the left foot. He documented pain consistent with tarsal tunnel syndrome but noted three prior surgical treatments to the foot and ankle, including a plantar fascial release and tarsal tunnel release procedure. Physical examination noted sensory change around the medial plantar cutaneous nerve. [REDACTED] documented that recent conservative care included immobilization and over sixty sessions of formal physical therapy. A repeat MRI scan of the foot and ankle and electrodiagnostic studies of the left lower extremity were recommended. Previous imaging included an MRI report dated April 2011 that demonstrated plantar fasciitis with associated ganglion and degenerative findings to the talus. Previous electrodiagnostic studies of November 2011 showed a peripheral polyneuropathy related to the claimant's underlying diabetic history. Additional documentation indicated that the claimant was deemed not to be a further surgical candidate based on prior clinical assessments, the surgeries performed, and findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left foot/ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-375.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

Decision rationale: The request for a repeat MRI of the left foot and ankle is not medically necessary. The records clearly indicate that the claimant has an extensive operative history to the left foot and ankle and there is no documentation to indicate that he needs operative intervention. At present, there would be no clinical indication for an MRI in the setting of chronic foot pain without documentation of significant findings on an acute basis. Therefore, the requested MRI is not medically necessary or appropriate.

Nerve conduction studies (NCS) of the left foot/ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: Based on the California ACOEM Guidelines, repeat electrodiagnostic studies also would not be indicated. The records indicate prior electrodiagnostic studies had already indicated peripheral polyneuropathy consistent with his underlying diabetic history. In light of the fact that the claimant has been deemed not a further surgical candidate, there would be no indication for repeat electrodiagnostic studies for the diagnosis of peripheral neuropathy, which has already been established. Therefore, the requested NCS is not medically necessary or appropriate.