

Case Number:	CM13-0040771		
Date Assigned:	12/20/2013	Date of Injury:	07/01/2011
Decision Date:	05/15/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/29/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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/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:

The injured worker is a 69-year-old male who reported an injury on 07/01/2011 after some ice fell on the injured worker, which reportedly caused injury to the plantar aspect of his right foot. The injured worker's treatment history had included corticosteroid injections, anti-inflammatory medications, and extracorporeal shockwave therapy. The injured worker was evaluated on 10/29/2013. It was documented that the injured worker had significant pain of the plantar aspect of the right foot that is persistent throughout the day. It was also noted that the injured worker had a swollen right heel with tenderness to palpation along the plantar ligament, a limping gait favoring the right foot. The injured worker's diagnoses included chronic plantar fasciitis of the right foot. A treatment recommendation was made to provide the injured worker with orthotics and to undergo a biomechanical gait analysis to assist with elimination of plantar fascial discomfort.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRASOUND; RIGHT FOOT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

Decision rationale: The requested ultrasound of the right foot is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend imaging studies for injured workers who have chronic foot pain that is not resolved by conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has had chronic pain of the right foot. However, the physical examination clearly supports the diagnosis of plantar fasciitis. It is unclear how further diagnostic studies would contribute to the injured worker's treatment plan. There is no documentation of the need for clarification of anatomy prior to surgical intervention. Additionally, it is not documented that the injured worker has exhausted all levels of conservative treatments, as the injured worker has never used orthotics to assist in the management of chronic pain related to this disease process. As such, the requested ultrasound of the right foot is not medically necessary or appropriate.