

Case Number:	CM13-0041233		
Date Assigned:	12/20/2013	Date of Injury:	12/20/2009
Decision Date:	02/20/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/11/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in California. 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 female patient who reported an injury on 12/20/2009. The patient is currently diagnosed with left foot sprain and strain. The patient was seen by [REDACTED] on 10/09/2013. The patient reported ongoing left foot pain. Physical examination revealed no gross abnormalities, an antalgic gait, normal deep tendon reflexes, and tenderness to palpation over the left heel. X-rays of the bilateral feet obtained in the office on that date indicated normal quality of bone and no acute fracture or dislocation. Treatment recommendations included a request for authorization for an MRI of the left foot, a front wheeled walker, a neurological consultation, internal medicine consultation, and a request to obtain all medical records from [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for Left foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): pages 372-374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): pages 372-374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter

Decision rationale: California MTUS/ACOEM Practice Guidelines state for most patients presenting with true foot and ankle disorders, special studies are not usually needed until after a period of conservative care and observation. As per the clinical notes submitted, the patient does not demonstrate neurologic deficit on physical examination. The patient only demonstrated tenderness to palpation of the left heel on the requesting date of 10/09/2013. The patient's plan films obtained in the office on that date indicated normal findings. The medical necessity for the requested service has not been established. Therefore, the request for MRI for Left foot is non-certified.

Wheeled Walker: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Knee and Leg chapter) and the Medicare National Coverage Determinations Manual.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter , Durable Medical Equipment, Walking Aids.

Decision rationale: Official Disability Guidelines state durable medical equipment is generally recommended if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. The patient's physical examination on the requesting date of 10/09/2013 only revealed tenderness to palpation of the left heel. There was no documentation of a significant functional limitation or musculoskeletal abnormality. There is no evidence of mobility deficits. The medical necessity for the requested equipment has not been established. Therefore, the request for Wheeled Walker is non-certified.