

Case Number:	CM13-0044685		
Date Assigned:	12/27/2013	Date of Injury:	10/18/2011
Decision Date:	02/24/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/31/2013

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 and Rehabilitation, has a subspecialty in Pain Management 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 male patient with a date of injury of 10/18/11. A utilization review determination dated 10/10/13 recommends non-certification of MRIs of the left and right feet. A progress report dated 4/26/13 identifies subjective complaints including bilateral foot pain. Objective examination findings identify mild swelling and TTP of the plantar surface of the feet. Diagnoses include bilateral planter fasciitis and bilateral foot sprain/strain. Treatment plan recommends ESWT, x-rays, and PFNCS. A progress report dated 8/23/13 has very limited legibility, but appears to note a diagnosis of bilateral plantar fasciitis and recommends treatment including ESWT, PT, acupuncture, urine toxicology, and a CT of the bilateral feet.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI; Right Foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

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

Decision rationale: Regarding the request for MRI of the right foot, California MTUS notes that disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative

radiographs and do not warrant other studies, e.g., magnetic resonance imaging (MRI). Within the documentation available for review, there is documentation of a diagnosis of plantar fasciitis. There is no documentation suggestive of findings consistent with another diagnosis for which an MRI would be supported by the California MTUS. In the absence of such documentation, the currently requested MRI of the right foot is not medically necessary.

MRI; Left Foot: Upheld

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

Decision rationale: Regarding the request for MRI of the left foot, California MTUS notes that disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies, e.g., magnetic resonance imaging (MRI). Within the documentation available for review, there is documentation of a diagnosis of plantar fasciitis. There is no documentation suggestive of findings consistent with another diagnosis for which an MRI would be supported by the California MTUS. In the absence of such documentation, the currently requested MRI of the left foot is not medically necessary.