

Case Number:	CM13-0065885		
Date Assigned:	01/03/2014	Date of Injury:	04/06/2011
Decision Date:	04/21/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	12/16/2013

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 Podiatry, 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 43-year-old male patient with a date of injury of 04/06/2011. The mechanism of injury was that the patient was lifting rollers for the nose trailer then felt a pinch in the back, left leg, and foot. The patient was then being seen for chronic left foot pain and diagnosed with chronic plantar fasciitis. Conservative treatment has consisted of medication, physiotherapy, and heel cups. Despite stretching and strengthening, as well as a heel cup, the patient continued to report pain. The patient also has undergone corticosteroid injections which only gave temporary relief. The patient has completed 12 sessions of physiotherapy to date for the soft tissue injury

IMR ISSUES, DECISIONS AND RATIONALES

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

Left foot MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-374, Chronic Pain Treatment Guidelines.

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

Decision rationale: The CA MTUS/ACOEM Guidelines states "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). Magnetic resonance imaging may be

helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery." The request for the left foot MRI is non-certified. On 07/05/2011, the patient had a limited nuclear bone scan which revealed no focal areas of intense increased activity throughout the feet and there appeared to be overall normal distribution of the contrast. The impression was a normal scan. The California MTUS/ACOEM Guidelines do not recommend MRIs for diagnoses such as fasciitis. Although the patient continued to report pain, the patient had completed a regimen of conservative treatment, as well as having had a previous bone scan. As such, the request is non-certified