

Case Number:	CM14-0163074		
Date Assigned:	10/08/2014	Date of Injury:	09/15/2005
Decision Date:	11/10/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/03/2014

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 Occupational Medicine 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 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 applicant is a represented [REDACTED] employee who has filed a claim for tarsal tunnel syndrome, foot pain, and ankle pain reportedly associated with an industrial injury of September 15, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; a plantar fascia release procedure; and a tarsal tunnel release surgery. In a Utilization Review Report dated September 29, 2014, the claims administrator denied a request for a follow-up visit with psychiatry and also denied MRI imaging of the bilateral ankles and feet. The applicant's attorney subsequently appealed. In an August 12, 2014 progress note, the applicant was apparently ambulating in a normal manner. Right foot postoperative wounds were clean and intact. The applicant was status post bilateral tarsal tunnel release surgeries and bilateral plantar fascia release surgeries, it was acknowledged. Twelve sessions of physical therapy were sought. The applicant's sutures were removed. No mention of any issues depression evident at this point. In a handwritten note dated November 7, 2013, the applicant was placed off of work, on total temporary disability, owing to multifocal low back, mid back, neck, and bilateral lower extremity pain complaints. The note was extremely difficult to follow. In an earlier note dated July 20, 2014, it was stated that the applicant had issues with plantar fasciitis, tarsal tunnel syndrome, and peripheral neuropathy of the feet of unknown etiology. There was no mention of any mental health issues evident at this point. The remainder of the file was surveyed. It did not appear that the September 19, 2014 Request for Authorization (RFA) form in which the articles at issue were sought was incorporated into the Independent Medical Review packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up visit with psyche: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 388 does acknowledge that referral to a mental health professional is indicated in applicants whose mental health symptoms become disabling despite primary care intervention or persist beyond three months. In this case, however, the progress notes on file failed to make any mention of the applicant's mental issues or mental health symptoms; although it is acknowledged that the September 19, 2014 RFA form and associated progress note were not seemingly incorporated into the IMR packet. The information which is on files, however, failed to support or substantiate the request. Therefore, the request for follow-up visit with psyche is not medically necessary and appropriate.

MRI of the bilateral ankle and feet with contrast: 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): 375..

Decision rationale: The primary stated diagnosis here is bilateral lower extremity plantar fasciitis. However, as noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, Table 14-5, page 375, MRI imaging is scored 0/4 in its ability to identify and define suspected plantar fasciitis. The attending provider seemingly failed to furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the article at issue, although it is acknowledged that the September 19, 2014 RFA form in which the request in question was sought was not incorporated into the IMR packet. The information which is on file, however, fails to support or substantiate the request. Therefore, the request of MRI of the bilateral ankle and feet with contrast is not medically necessary and appropriate.