

Case Number:	CM14-0173972		
Date Assigned:	10/27/2014	Date of Injury:	06/04/2010
Decision Date:	12/05/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/22/2014

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 American Board of Internal 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 injured worker (IW) is a 46-year-old woman with a date of injury of June 4, 2010. The IW states that during the course of her employment on or about May 2009, she began to experience pain in her feet over the plantar aspect, which she attributes to the periods of prolonged standing and walking at work on cement floors. She reported the pain but was not offered medical attention. She continued to work despite the pain. Her bilateral foot pain gradually worsened. She reported the pain to another supervisor on June 18, 2010. An injury report was taken. She was evaluated for bilateral foot pain and right shoulder pain. She was provided with pain medication. She received approximately 8 physical therapy (PT) sessions, which consisted of bicycling exercises only. On July 19, 2010, she was reexamined and placed on temporary disability. She was provided another 24 PT sessions. She received an MRI of both feet and a cortisone injection to each foot at the plantar aspect. Bilateral foot orthotics was ordered on September 22, 2011, which was not beneficial. The MRI of the left foot dated June 30, 2014 revealed no acute abnormality identified. The plantar fascia is intact with no plantar fasciitis. There were osteoarthritic changes of the first metatarsophalangeal joint as well as the talonavicular joint. There was no fracture or dislocation. The IW underwent right foot tendon release surgery in May of 2011 with poor results. Postoperatively, she received 24 sessions of physical therapy, 24 acupuncture sessions, and 3 sessions of shockwave therapy. The IW was authorized for left foot plantar fasciectomy on May 6, 2014, which was performed on August 1, 2014. According to the most recent progress report dated September 22, 2014, the IW reports the night splints are too big. She continues to complain of right foot pain to dorsiflexion and left foot pain is unchanged. Physical examination reveals plantar fascia pain in the medial and central bands of the left foot. The symptoms increase with activation of windlass mechanism. The right foot demonstrates continuation of pain along the lateral step of the plantar fascia. The

IW was diagnosed with status post plantar fascia release of the right foot; plantar fasciitis of the left foot; painful gait; and cysts in both calcanei. The treating physician is requesting an MRI of the left heel, and new night splints. The provider documents that the IW is to return to full work duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left Heel: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle-Foot Procedure Summary, MRI (Magnetic Resonance Imaging)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle Section, MRI

Decision rationale: Pursuant to the Official Disability Guidelines, MRI evaluation left heel is not medically necessary. The guidelines provide recommendations and indications for MRI imaging of the foot. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. For additional indications see ODG. In this case, the injured worker is a 40 six-year-old woman with a work injury dating back to June 4, 2010. She was diagnosed with bilateral plantar fasciitis, right greater than left. She had an MRI of the left foot on March 25, 2014, then underwent plantar fasciectomy on August 1, 2014. The injured worker has continued pain in the right foot to dorsiflexion and the left foot remains unchanged. The treating physician request the MRI of the left heel. The injured worker had an MRI of the left foot on March 25, 2014. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. There has not been a significant change in symptoms and the findings are not suggestive of significant pathology. Consequently, MRI evaluation of left heel is not medically necessary.