

Case Number:	CM14-0040818		
Date Assigned:	06/27/2014	Date of Injury:	02/06/2009
Decision Date:	08/05/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/07/2014

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 Physical Medicine and 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 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:

This 65 year-old patient sustained an injury on 2/6/09 while employed by [REDACTED]. Request(s) under consideration include MRI of the left foot. Diagnoses include Plantar Fasciitis, heel spur/enthesopathy. Report of 1/22/14 from the podiatric provider noted the patient had pain complaints in both knees and heels and continues with pain if on his feet for two hours. Celebrex has helped with symptoms. The patient uses CAM walker boot, night splints and orthotic. Exam showed tenderness to palpation in the plantar medial aspect of bilateral heels; mild pain with range of motion of left midfoot; motor strength of 5/5 with dorsiflexion, plantar flexion at metatarsophalangeal joints; no other changes noted. Treatment included imaging study. Request(s) for MRI of the left foot was non-certified on 3/27/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left foot: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter, Diagnostic Ultrasound, page 51.

Decision rationale: Guidelines state MRI of the foot and ankle provides a more definitive visualization of the soft tissue structures, including ligaments, tendons, joint capsule, menisci and joint cartilage structures, than x-ray or CT scan in the evaluation of traumatic or degenerative injuries. The majority of cases can be successfully treated conservatively, but in cases requiring surgery (eg, plantar fascia rupture in competitive athletes, deeply infiltrating plantar fibromatosis, masses causing tarsal tunnel syndrome), MRI imaging is especially useful in planning surgical treatment by showing the exact location and extent of the lesion; however, the imaging study is not recommended as a screening tool, but reserved for more specific diagnoses or planned operative interventions, not presented here. Indications also require normal findings on plain films with suspected osteochondral injury, tendinopathy not demonstrated here. Submitted reports have not adequately demonstrated clear diagnosis with correlating clinical findings to support for guidelines criteria of imaging with diagnosis of Plantar Fasciitis, heel spur/enthesopathy and exam findings of tenderness, intact motor strength, no instability presentation. The MRI of the left foot is not medically necessary and appropriate.