

Case Number:	CM14-0054491		
Date Assigned:	07/07/2014	Date of Injury:	06/04/2010
Decision Date:	12/05/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/23/2014

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 Internal Medicine and is licensed to practice in Maryland. 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:

According to the enclosed information, the original dates of injury for this patient are 5/9/2009 - 6/18/2010. Patient advises that while working she was subjected to prolonged standing and walking on cement floors which subsequently caused bilateral foot pain. In or around 7/19/2010 patient states that she was placed on disability and perceived roughly 24 sessions of physical therapy. In 11/ 2010 she was placed under the care of the podiatrist. During a patient underwent MRI evaluation of feet, cortisone injections to feet, and orthotic therapy. Orthotics were noted to be done beneficial. In 5/2011 patient underwent right foot tendon release with subsequent 24 physical therapy sessions and 3 shockwave therapy sessions. Patient was followed by the podiatrist until somewhere around 11/2012. On the 11/18/2013 patient presented back to her podiatrist with constant moderate to severe bilateral foot pain worse upon standing and walking. Patient admits to frequent swelling to bilateral deals. The physical exam estate revealed tenderness upon palpation to the plantar fascia left greater than right. A diagnosis of plantar fasciitis left greater than right was made and topical anti-inflammatory medications and new orthotics will recommended as treatment. On 1/27/2014 patient presents again to her podiatrist for follow-up evaluation. The progress notes state that orthotics are still pending patient is still having foot pain left greater than right. Physical exam reveals continued pain upon palpation to bilateral arches and heels left written than right. A new MRI has been recommended for further evaluation. Orthotics of also been recommended for treatment. On 3/19/2014 an authorization request form for a new MRI bilateral feet was submitted. On 4/21/2014 patient presented for follow-up evaluation, noting continued pain to the left foot. She is opting for surgical correction in the form of an endoscopic plantar fasciotomy. In this note the physician advises that patient is currently using orthotics and a plantar fascia night. Neither treatment is helping alleviate her left foot pain. On 6/2/2014 patient advises that local steroid injection to the left heel last visit did help

her pain a bit, however the pain still persists left foot. An endoscopic plantar fasciotomy is still recommended. On the 6/30/2014 patient underwent a left what MRI which did not reveal any fractures, bone lesions or pathology. On 7/14/2014 patient is again seen by her podiatrist who notes that patient has had a successful right EPF. The podiatrist treats the MRI of the left foot as consistent with plantar fasciitis. Diagnoses this day include exostosis of the left midfoot, intermediate dorsal cutaneous nerve compression with neuritis, neuritis of the left foot, painful gait, severe low back pain with radiculopathy. A left foot plantar fasciotomy is recommended this day. On 8/11/14 patient continues to exhibit right foot pain status post right foot plantar fasciotomy. The podiatrist is considering that the plantar fascia has reanastomosed. During this visit the podiatrist recommends a follow-up MRI of the right foot to evaluate for reanastomosis of the plantar fascia, and possible follow-up surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle-Foot

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 and foot

Decision rationale: After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that the decision for an MRI right foot is not medically reasonable or necessary according to the guidelines for this patient at this time. The MTUS guidelines state 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). Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. Furthermore, the ODG guidelines state that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. According to the enclosed progress notes, this does not appear to be the case for this patient.