

Case Number:	CM14-0169591		
Date Assigned:	10/17/2014	Date of Injury:	05/11/2014
Decision Date:	01/20/2015	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/14/2014

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 injured worker is a represented employee who has filed a claim for shoulder, low back, neck, and foot pain reportedly associated with an industrial injury of May 1, 2014. In a Utilization Review Report dated September 10, 2014, the claims administrator approved a request for four sessions of therapeutic ultrasound of the bilateral feet while seemingly denying diagnostic ultrasound testing of the left and right foot. Non-MTUS Official Disability Guidelines (ODG) was invoked to deny the diagnostic ultrasound and the claims administrator approved the request. The claims administrator stated that its decision was based on a progress note dated August 19, 2014. The injured worker's attorney subsequently appealed. In a Doctor's First Report (DFR) dated July 1, 2014, the injured worker reported ongoing complaints of neck pain, upper back pain, low back pain, left shoulder pain, and bilateral heel pain. Ancillary complaints of sexual dysfunction and gastritis were reported. The injured worker was given a presumptive diagnosis of bilateral plantar fasciitis. The injured worker was placed off of work, on total temporary disability. Heel cups, plain films of the cervical spine, chiropractic manipulative therapy, and a home interferential unit were sought while the injured worker was kept off of work. In a work status report dated August 19, 2014, the injured worker was again placed off of work, on total temporary disability, through October 4, 2014. In an RFA form of the same date, August 19, 2014, chiropractic manipulative therapy, night splinting for the heel, and ultrasound of bilateral feet were endorsed for a reported diagnosis of plantar fasciitis. The injured worker was receiving manipulative therapy, it was stated, and was receiving some transient benefits from the same. The injured worker also asked to continue myofascial release therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound left foot: 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): 374. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Ankle and Foot Chapter, Plantar Fasciitis section.

Decision rationale: The stated diagnosis here is that of plantar fasciitis. As noted in the MTUS Guideline in ACOEM Chapter 14, page 374, soft tissue disorders such as the plantar fasciitis do not warrant other studies, such as the ultrasound testing at issue. While the Third Edition ACOEM Guidelines do acknowledge that ultrasound testing is recommended in select injured worker's with plantar fasciitis in whom the clinical diagnosis is uncertain or after no improvement occurs after a course of conservative treatment for four to six weeks. However, in this case there is no mention of the diagnosis of plantar fasciitis's being uncertain here. There was no mention of any issues with lack of diagnostic clarity. Rather, the injured worker's clinical presentation was consistent with a diagnosis of plantar fasciitis on two occasions on which the injured worker was evaluated before the ultrasound at issue was sought. Furthermore, the requesting provider did not allow a course of conservative treatment for four to six weeks to transpire before requesting the diagnostic ultrasound at issue. For all of the stated reasons, this request is not medically necessary.

Ultrasound Right Foot: 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): 374. Decision based on Non-MTUS Citation Plantar Fasciitis Section, Third Edition

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 14, page 374, disorders of the soft tissue such as the plantar fasciitis do not warrant advanced imaging studies, such as a diagnostic ultrasound at issue. While the Third Edition ACOEM Guidelines do acknowledge that diagnostic ultrasound testing is recommended for select injured workers with plantar fasciitis in whom the clinical diagnosis is uncertain or after no improvement has transpired from a course of conservative treatment of four to six weeks. However, in this case the request in question was initiated on the attending provider's second office visit with the injured worker. A course of four to six weeks of conservative treatment had not been completed before the ultrasound testing at issue was sought. The attending provider did not outline any diagnostic uncertainty or state that they were searching for diagnosis other than bilateral plantar fasciitis. Therefore, the request is not medically necessary.

