

Case Number:	CM14-0206772		
Date Assigned:	12/18/2014	Date of Injury:	05/07/2013
Decision Date:	02/18/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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], who has filed a claim for chronic plantar fasciitis, foot pain, and ankle pain reportedly associated with an industrial injury of May 7, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; orthotics; and extensive periods of time off of work. In a Utilization Review Report dated December 4, 2014, the claims administrator approved a consultation with a foot specialist while denying a consultation and treatment (AKA referral) with said foot specialist. Electrodiagnostic testing of bilateral upper and bilateral lower extremities was also denied. The claims administrator referenced a November 13, 2014 progress note and/or associated RFA form in its determination. The applicant's attorney subsequently appealed. On said November 13, 2014 progress note, the applicant reported ongoing complaints of bilateral foot and heel pain with associated mild low back pain. Intermittent numbness was noted about the soles of the feet. 7/10 pain was noted with associated clicking, swelling, stiffness, weakness, and giving way. The applicant had been disabled since August 2013, it was acknowledged. The applicant was using Mobic and orthotics for pain relief. The applicant denied any issues with thyroid disease or diabetes. The applicant also denied issues with drug dependency, it was stated in the review of systems section of the note. The applicant was asked to pursue heel cups. Mobic and Prilosec were also endorsed, along with lumbar MRI imaging and electrodiagnostic testing of the bilateral lower extremities. The applicant was given diagnoses of low back pain with bilateral lower extremity S1 radiculitis. An extremely proscriptive 5-pound lifting limitation was endorsed, seemingly resulting in the applicant's

removal from the workplace. In an earlier note dated May 29, 2014, the applicant was given diagnosis of plantar fasciitis about the bilateral heels. Mobic, omeprazole, heel cups, and work restrictions were endorsed. The applicant was not working, it was suggested. In an August 28, 2014 progress note, the applicant reported intermittent numbness about the plantar aspects of the feet. The note was difficult to follow and mingled historical issues with current issues. The applicant did have mild complaints of low back pain. X-rays of the feet were reportedly negative. The applicant was given a diagnosis of low back pain with bilateral lower extremity S1 lumbar radiculitis and plantar fascia about the heels. MRI imaging of the lumbar spine and electrodiagnostic testing of the bilateral lower extremities were sought. Heel cups, Mobic, Prilosec, and the same, unchanged, extremely proscriptive 5-pound lifting limitation were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Right Lower Extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Table 14-6- 377.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377, electrical studies for routine foot and ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathy is "not recommended." Here, the applicant's primary operating diagnosis is bilateral plantar fasciitis. There was no mention of the applicant's having a superimposed diagnosis such as an entrapment neuropathy, peroneal neuropathy, compression neuropathy, tarsal tunnel syndrome, generalized peripheral neuropathy, etc. The applicant explicitly denied any issues such as hypothyroidism, diabetes, and/or alcoholism which would predispose the applicant toward development of a generalized peripheral neuropathy, it is incidentally noted, on a November 13, 2014 progress note, referenced above. Since the NCV component of the request cannot be supported, the request is not medically necessary.

EMG/NCV Left Lower Extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): Table 14-6-377.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377, electrical studies for routine foot and ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathy is "not recommended." Here, there was/is no clearly stated evidence or suspicion of tarsal tunnel syndrome, peroneal neuropathy, compression neuropathy, generalized lower extremity neuropathy, etc., which would compel the nerve

conduction testing at issue. The applicant, it is incidentally noted, explicitly denied any issues with hypothyroidism, alcoholism, and/or diabetes which would predispose the applicant toward development of a generalized lower extremity peripheral neuropathy on a progress note dated November 13, 2014. Since the NCV component of the request cannot be supported, the request is not medically necessary.

Consult & Treat Foot Specialist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction section Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. Here, the applicant was/is off of work. Ongoing complaints of foot and ankle pain persist. The applicant's foot and ankle pain complaints have proven recalcitrant to time, medications, orthotics, etc. Obtaining the added expertise of a foot and ankle specialist to formulate appropriate treatment option is, thus, indicated here. Therefore, the request is medically necessary.