

Case Number:	CM15-0107591		
Date Assigned:	06/12/2015	Date of Injury:	08/21/2013
Decision Date:	07/16/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/04/2015

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, New York, 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 54-year-old who has filed a claim for chronic foot and ankle pain reportedly associated with an industrial injury of August 21, 2013. In a Utilization Review report dated May 5, 2015, the claims administrator failed to approve a request for MRI imaging of the foot. An April 28, 2015 order form was referenced in the determination. The applicant's attorney subsequently appealed. On a May 1, 2015 RFA form, pain management consultation and acupuncture were sought. In an April 29, 2015 progress note, the applicant reported ongoing complaints of foot and ankle pain. The applicant was apparently tolerating regular duty despite pain complaints associated with prolonged sitting and/or walking associated with work as a parking control officer. The attending provider noted that the applicant exhibited slightly antalgic gait, but also noted that the applicant was able to transfer smoothly in the exam room. Tenderness about the heel and arch were appreciated. The attending provider alluded to earlier foot MRI imaging demonstrating talar edema and mild amount of fluid about the talus-calcaneus articulation. The attending provider stated that he has recommended repeat foot MRI. The applicant was given an operating diagnosis of the plantar fasciitis, flatfeet, and chronic pain involving the foot. The applicant was ultimately returned to regular duty work.

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, per 04/28/15 order: 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): 374-375.

Decision rationale: No, the request for the MRI imaging of the foot was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 14, Table 14-5, page 375, MRI imaging has scored as 0/4 in its ability to identify and define suspected plantar fasciitis, heel spurs and/or metatarsalgia, i.e., the diagnoses seemingly present here. The attending provider stated on his April 29, 2015 progress note that the applicant had tenderness about the heel and arch. The attending provider gave the applicant diagnoses of plantar fasciitis and flat feet, i.e., diagnoses, for which MRI imaging is scored poorly in its ability to identify and define per, ACOEM Chapter 14, Table 14-5, page 375. Similarly, the MTUS Guidelines in ACOEM Chapter 14, page 374 also notes that disorder of soft tissues such as the fasciitis seemingly present here do not warrant other studies such as MRI imaging at issue. The attending provider further acknowledged that the applicant had had earlier nondescript or negative foot MRI imaging. It was not clearly stated or clearly established why repeat foot MRI imaging was proposed. It did not appear that the applicant was likely to consider or contemplate any kind of surgical intervention involving the foot based on the outcome of study, which appeared to have been ordered largely for academic or evaluation purposes. Therefore, the request was not medically necessary.