MAXIMUS Federal Services

Case Number:	CM15-0018704		
Date Assigned:	02/06/2015	Date of Injury:	09/16/2014
Decision Date:	04/01/2015	UR Denial Date:	01/17/2015
Priority:	Standard	Application Received:	02/02/2015

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: California, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65-year-old male who reported injury on 09/16/2014. The mechanism of injury was prolonged walking. The injured worker received a steroid injection in his heel for the treatment of plantar fasciitis. There was a Request for Authorization submitted for review dated 01/05/2015. The physician documentation of 01/05/2015 revealed the injured worker had complaints of pain in the arch of the right foot. The medications were not provided. The physical examination revealed the right foot was significantly flattened at the arch with excessive pronation. Upon weightbearing, there was a "too many toes sign" of the right foot, but not the left. There was tenderness along the plantar aspect of the right foot, especially at the mid arch. The injured worker was unable to single foot rise on the right foot, but it was able to do so on the left. In the gait analysis, the injured worker showed excessive pronation of the right foot, with limping of the right foot. There was tenderness to palpation. The injured worker had x-rays, which revealed dorsal bone spurring along the mid tarsal joint, along the metatarsal and cuneiform navicular joints. There was flattening of the right foot compared to the left. The assessment was a possible rupture of the plantar fascia with posterior tibialis tendon dysfunction, posterior tibial tendon dysfunction of the right foot and plantar fascial rupture, and osteoarthritis of the right foot. The treatment plan included an MRI to assess the soft tissue damage and to assess the condition of the posterior tibial tendon. The injured worker was dispensed a lace up ankle brace double strap for better support, and the documentation indicated the injured worker may require a right foot reconstruction to assess the pain, aggravation of degenerative arthritis, posterior tibialis dysfunction, and the plantar fascial rupture. Additionally, it was documented

that physical therapy may benefit the injured worker. The request was made for physical therapy in addition to the MRI.

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: Overturned

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): 373-374.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that for most injured workers with true foot and ankle disorders, special studies are not needed until after a period of conservative care and observation. Most ankle and foot problems improve quickly once any red flag issues are rule out. Disorders of the soft tissue yield negative radiographs and do not warrant other studies. However, an MRI may be helpful to clarify a diagnosis of osteochondritis dissecans in the case of delayed recovery. The clinical documentation submitted for review indicated the physician was requesting the study due to soft tissue injury. The x-rays revealed dorsal bone spurring along the midtarsal joint, along the "metatarsotarsal" and cuneiform navicular joints. The physician indicated the injured worker needed the MRI to assess soft tissue damage; however, it was additionally noted the request was made to assess the condition of the posterior tibial tendon, which would not be seen on the x-ray. Additionally, the gait analysis revealed excessive pronation of the right foot with limping. The injured worker was unable to single foot rise on the right foot and had tenderness to palpation. With the objective findings, as well as the radiologic findings, this request would be supported. Additionally, the injured worker was treated with injections and failed to respond. Given the above, the request for MRI of the right foot is medically necessary.