

Case Number:	CM15-0183719		
Date Assigned:	10/21/2015	Date of Injury:	07/26/2014
Decision Date:	12/09/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/18/2015

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, Hawaii

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 62 year old female who sustained an industrial injury on 7-26-14. A review of the medical records indicates that the worker is undergoing treatment for lumbar spine sprain-strain with bilateral lower extremity radiculopathy, bilateral plantar fasciitis, possible bilateral tarsal tunnel syndrome, and possible peripheral neuropathy. Subjective complaints (6- 10-15) include left and right foot pain rated at 7 out of 10, with numbness, tingling, swelling, discoloration, poor stability (left), and inability to stand and walk for prolonged periods of time. Objective findings (6-10-15) include foot and ankle: range of motion in degrees (right and left) dorsiflexion 10, plantar flexion 30, internal rotation 15, external rotation 10, bilateral calcaneal tenderness over the plantar fascial insertion, tenderness over Baxter's point- plantar fascia, tenderness over medial and lateral gutters of the ankle joint bilaterally ("mild"), decreased sensation in the tibial nerve distribution bilaterally and 1+ pitting edema bilaterally. Three view X-rays of bilateral foot and ankle reveal "no fractures, dislocations, loose or foreign bodies seen, there are bilateral calcaneal and Achilles osteophytes, right worse than left. There are mild bilateral plantar fascial osteophytes. There is good maintenance of the ankle joint and intertarsal joints bilaterally." Work status noted is that the worker stopped working 8-2-14 and has not returned to work. Previous treatment includes Gabapentin, Hydrocodone, and pain cream compound. On 8-18-15, the requested treatment of bilateral foot MRI's x2 and physical therapy with treatment 3x4 for bilateral foot was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral foot MRIs x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic) - Magnetic resonance imaging (MRIs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Foot and Ankle, Magnetic Resonance Imaging (MRI).

Decision rationale: The records indicate the patient has ongoing pain in the soles of both feet and the left ankle. The current request for consideration is B/L foot MRIs x 2. The attending physician report dated 6/10/15 indicates the patient requires MRIs of the bilateral feet and of the lumbar spine. The ODG has this to say regarding MRI of the foot and ankle: Recommended as indicated below. MRI provides a more definitive visualization of soft tissue structures, including ligaments, tendons, joint capsule, menisci and joint cartilage structures, than x-ray or Computerized Axial Tomography in the evaluation of traumatic or degenerative injuries. The majority of patients with heel pain can be successfully treated conservatively, but in cases requiring surgery (e.g., plantar fascia rupture in competitive athletes, deeply infiltrating plantar fibromatosis, masses causing tarsal tunnel syndrome), MR imaging is especially useful in planning surgical treatment by showing the exact location and extent of the lesion. Indications for imaging - MRI: Chronic ankle pain, suspected osteochondral injury, tendinopathy, uncertain etiology, plain films normal. Chronic foot pain, pain and tenderness over navicular tuberosity unresponsive to conservative therapy. Chronic foot pain, athlete with pain and tenderness over tarsal navicular, plain films are unremarkable. Chronic foot pain with suspicion of Morton's neuroma. Chronic foot pain, young athlete presenting with localized pain at the plantar aspect of the heel, plantar fasciitis is suspected clinically. In this case, the current diagnoses includes bilateral plantar fasciitis, possible bilateral tarsal tunnel syndrome, and possible peripheral neuropathy. The records indicate the injury occurred approximately 1.5 years ago and the mechanism of injury is not consistent with an osteochondral injury, tendinopathy, Morton's neuroma, or plantar fasciitis. The clinical diagnosis of plantar fasciitis has been established. Lower extremity electrodiagnostic studies would be more appropriate for ruling in/out peripheral neuropathy or tarsal tunnel syndrome. There is no documentation which indicates the patient is a candidate for surgery, is scheduled for surgery or is amenable to a surgical procedure. The available medical records do not establish medical necessity for a bilateral MRI of both feet based on ODG criteria, therefore is not medically necessary.

Physical therapy with treatment 3x/wk x 4 wks - Bilateral foot: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The records indicate the patient has ongoing pain in the soles of both feet and the left ankle. The current request for consideration is Physical therapy with treatment 3 x/week x 4 weeks - B/L foot. The report making this request is not found in the records provided. The CA MTUS does recommend physical therapy as an option for foot and ankle pain at a decreasing frequency with a transition into independent home-based exercise. The MTUS recommends for myalgia and myositis, unspecified: 9-10 visits over 8 weeks. In this case, the patient now 1.5 years post injury and there is no documentation of how many prior PT sessions the patient has received or if the patient benefited from any prior therapy. While the patient may be a candidate for physical therapy, the current request for 12 sessions exceeds the MTUS guideline recommendations. As such, the request is not medically necessary.