

<b>Case Number:</b>	CM15-0197428		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	06/12/2012
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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 50-year-old who has filed a claim for chronic foot and ankle pain reportedly associated with an industrial injury of June 12, 2012. In a utilization review report dated September 24, 2015, the claims administrator failed to approve requests for bone scanning of the right and left feet. The claims administrator referenced a September 10, 2015 date of service in its determination. The applicant's attorney subsequently appealed. On said September 10, 2015 office visit, the applicant reported ongoing complaints of foot and ankle pain. The applicant was on tramadol and Mobic for pain relief, the treating provider reported. The applicant reported pain about the heels, forefeet, and bilateral fifth MTP joints. The applicant was wearing orthotics, it was reported. The applicant had chronic pain complaints, the treating provider reported. The applicant was using a splint, the treating provider acknowledged. X-rays of the feet failed to demonstrate any significant pathology with the exception of pronation and/or calcaneal spurring noted. No significant arthritic changes were appreciated, however. The applicant was given corticosteroid injections about the feet. The attending provider sought authorization for bone scanning to try and delineate pathology to help better understand the applicant's complaints. It was not stated how said bone scanning would influence or alter the treatment plan. The applicant returned to regular duty work. The applicant was given a primary operating diagnosis of plantar fasciitis, with a secondary diagnosis of calcaneal spurring and a tertiary diagnosis of tarsal tunnel syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 Phase Technetium Bone Scan of Right Foot Qty: 1.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Special Studies.

**Decision rationale:** No, the request for a three-phase bone scan of the right foot was not medically necessary, medically appropriate, or indicated here. The primary operating diagnosis, per the treating provider's September 10, 2015 office visit, was that of plantar fasciitis of the foot. However, the MTUS Guideline in ACOEM Chapter 14, Table 14-5, page 375 notes that bone scanning has scored a 0/4 in its ability to identify and define suspected fasciitis. It was not clearly stated why bone scanning was sought for a diagnosis for which it is scored poorly in its ability to identify and define, per the MTUS Guideline in ACOEM Chapter 14, Table 14-5, page 375. It was not stated how (or if) the proposed bone scan would influence or alter the treatment plan. Therefore, the request is not medically necessary.

**3 Phase Technetium Bone Scan of Left Foot Qty: 1.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Similarly, the request for a three-phase bone scan of the left foot was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-5, page 375, bone scanning has scored a 0/4 in its ability to identify and define plantar fasciitis, i.e., the primary operating diagnosis here, per the treating provider's September 10, 2015 office visit at issue. It was not clearly stated why bone scanning was sought for a diagnosis for which it is "poor" in its ability to identify and define, per the MTUS Guideline in ACOEM Chapter 14, Table 14-5, page 375. The treating provider did not state how (or if) said bone scanning would influence or alter the treatment plan. Therefore, the request is not medically necessary.