

Case Number:	CM14-0153379		
Date Assigned:	09/23/2014	Date of Injury:	08/24/2011
Decision Date:	10/27/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/19/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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] employee who has filed a claim for chronic foot pain reportedly associated with an industrial injury of August 24, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; reported corticosteroid injection for plantar fasciitis; and extensive periods of time off of work. In a Utilization Review Report dated August 26, 2014, the claims administrator denied a request for an MRI of the subtalar left foot. The applicant's attorney subsequently appealed. In an April 21, 2014 progress note, the applicant was described as carrying a diagnosis of chronic synovitis about the ankle. Authorization for a corticosteroid injection was sought. On June 2, 2014, the applicant was again described as carrying diagnoses of synovitis, tendonitis, and plantar fasciitis of the foot. Authorization was sought for a corticosteroid injection. The applicant was placed off of work, on total temporary disability. On July 7, 2014, it was again stated that the applicant was not working and unable to find work. An orthopedic consultation was sought, along with a subtalar corticosteroid injection into the sinus tarsi. The note was very difficult to follow. In another handwritten note dated August 18, 2014, it was suggested that the applicant obtain MRI imaging to evaluate the subtalar joint of the left foot. It was again stated that the applicant had been unable to find a job. The note was very difficult to follow.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the subtalar left foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370.

Decision rationale: The operating diagnosis most frequently given here is that of plantar fasciitis. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, Table 14-2, page 368, there is no specific test which will establish a diagnosis of plantar fasciitis. Plantar fasciitis, per ACOEM, is a diagnosis made clinically as opposed to via imaging studies. No compelling applicant-specific rationale was furnished to augment the request for the MRI study at issue. It was not stated what was sought. It was not stated what was suspected. It was not stated how the proposed MRI would alter the treatment plan. Therefore, the request is not medically necessary.