MAXIMUS Federal Services

Case Number:	CM14-0095712		
Date Assigned:	07/25/2014	Date of Injury:	04/22/2003
Decision Date:	06/03/2015	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/24/2014

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. 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
Certification(s)/Specialty: Emergency 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 injured worker is a 68 year old female, who sustained an industrial injury on April 22, 2003. The injured worker reported fall down stairs resulting in right foot injury. The injured worker was diagnosed as having plantar fasciitis, tarsal tunnel syndrome and leg length discrepancy lumbago. Treatment and diagnostic studies to date have included medication. A progress note dated June 4, 2014 provides the injured worker complains of right foot pain. Physical exam notes tenderness on palpation of the foot, tarsal tunnel nerve tenderness and abnormal stance. The plan includes orthotics, scanogram, chiropractic evaluation and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Scanogram Between 6/4/14 and 8/17/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Bone Joint Surg Am. 2006 Oct;88(10):2243-51.

Decision rationale: The MTUS do not comment on the use of scanograms for evaluation of limb-length discrepancy. In the study listed, measurement of limb-length discrepancy on a standing anteroposterior radiograph was very similar to that on a scanogram, especially in the absence of substantial mechanical axis deviation. These findings support using a standing anteroposterior radiograph of the lower extremities as the initial imaging study for patients presenting with unequal limb lengths. This approach allows for a more comprehensive radiographic evaluation of the lower extremities, including deformity analysis, while reducing the expense and radiation exposure as compared with the use of additional imaging studies for the assessment of limb-length discrepancy. As such, a scanogram would not be the initial imaging study of choice. Therefore, the requested treatment is not medically necessary.

1 Chiropractic Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 58 of 127.

Decision rationale: Manual therapy and manipulation is indicated in certain types of musculoskeletal pain. Based on the MTUS guidelines, the goal of therapy is to sustain pain relief and functional improvement. The intent is to produce progression of the patients therapeutic exercise program and return to normal activities. The guidelines state that this type of treatment is not indicated for foot or ankle pain. As such, the treatment is not medically necessary.