

<b>Case Number:</b>	CM15-0010670		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	12/06/2013
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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

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:

This 46 year old female sustained an industrial injury on 12/6/13. She subsequently reports left heel and ankle pain. Diagnoses include plantar fasciitis and pain in joint ankle/ foot. Prior treatments include orthotics and ibuprofen medication. The UR decision dated 12/29/14 non-certified an MRI of the left heel. The MRI of the left heel was denied based on ODG-TWC guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the left heel:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ankle & Foot (Acute & Chronic) Chapter, Magnetic resonance imaging (MRI)

**Decision rationale:** The patient presents with left heel and ankle pain rated 5-8/10. The request is for MRI of the left heel. The RFA provided is dated 09/09/14. Treater progress reports were hand-written, illegible, and difficult to interpret. Per the denial letter dated 12/29/14, the patient was diagnosed with plantar fasciitis in bilateral foot, left more than right and tenosynovitis. X-ray study on 12/06/13 showed left heel spur and "employee was certified for night splints on 12/22/14." Per the QME report dated 12/15/14, other treatments included two injections, six to nine sessions of physical therapy, orthotics, and ibuprofen medication. None of the treatments provided significant improvement. Patient is to return to modified duty. ODG-TWC, Ankle & Foot (Acute & Chronic) Chapter, Magnetic resonance imaging (MRI) Section: "Recommended as indicated below. Indications for imaging -- MRI (magnetic resonance imaging): Chronic ankle pain, suspected osteochondral injury, plain films normal Chronic ankle pain, suspected tendinopathy, plain films normal Chronic ankle pain, pain of uncertain etiology, plain films normal Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008)" Treater is requesting MRI of the left heel to quantify the current state of the patient's condition. Review of the medical records did not show a prior foot MRI. In this case, given that the patient continues to experience significant pain of uncertain etiology despite various conservative care, the requested MRI would appear reasonable. The request IS medically necessary.