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| Case Number: | CM15-0119415 | | |
| Date Assigned: | 06/29/2015 | Date of Injury: | 02/14/2014 |
| Decision Date: | 07/30/2015 | UR Denial Date: | 05/20/2015 |
| Priority: | Standard | Application Received: | 06/20/2015 |

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: 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 60-year-old who has filed a claim for chronic foot and ankle pain reportedly associated with an industrial injury of February 14, 2014. In a Utilization Review report dated May 20, 2015, the claims administrator failed to approve a request for MRI imaging of the bilateral feet and bilateral ankles. The claims administrator referenced an April 30, 2015 order form in its determination. The applicant's attorney subsequently appealed. On April 15, 2015, the applicant reported ongoing complaints of bilateral heel pain. The applicant had received bilateral heel injections for a primary stated diagnosis of plantar fasciitis. The applicant was placed off of work, on total temporary disability. Electro diagnostic testing of bilateral lower extremities dated May 7, 2015 was negative for either a lumbar radiculopathy or lower extremity peripheral neuropathy. On an RFA form dated March 30, 2015, custom orthotics were endorsed for a primary stated diagnosis of plantar fasciitis. The applicant was placed off of work, on total temporary disability, via an associated progress note of the same date. X-rays of the feet, ankle, and heel dated March 31, 2015 were notable for bilateral plantar calcaneal spurring.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Bilateral feet without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

Decision rationale: No, the request for MRI imaging of the bilateral feet was not medically necessary, medically appropriate, or indicated here. The primary stated diagnosis here was bilateral plantar fasciitis. However, the MTUS Guideline in ACOEM Chapter 14, page 374 notes that disorders of soft tissue such as plantar fasciitis present here do not warrant other studies such as the MRI imaging at issue. Here, the attending provider failed to furnish a clear or compelling rationale for MRI imaging of the feet in the face of the unfavorable ACOEM position on the same for the diagnosis in question, plantar fasciitis. Therefore, the request was not medically necessary.

MRI bilateral ankles without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

Decision rationale: Similarly, the request for MRI imaging of the bilateral ankles was likewise not medically necessary, medically appropriate, or indicated here. The primary stated diagnosis here was bilateral plantar fasciitis. The applicant's presentation, including pain about the heels, x-rays demonstrating heel spurring, and pain with walking were, furthermore, suggestive of a diagnosis of bilateral plantar fasciitis. The applicant had received multiple corticosteroid injections of bilateral plantar fasciitis, including on April 15, 2015. The MTUS Guideline in ACOEM Chapter 14, page 374 notes, however, that disorders of soft tissue such as the plantar fasciitis present here "do not warrant" other studies such as the MRI imaging at issue. Here, the attending provider failed to furnish a clear or compelling rationale for pursuit of MRI imaging of the ankles in the face of the unfavorable ACOEM position on the same for the diagnosis in question, plantar fasciitis. It was not stated how (or if) proposed bilateral ankle MRI imaging would influence or alter the treatment plan. Therefore, the request was not medically necessary.