

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 12/12/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/13/2013
Date of Injury:	8/20/2007
IMR Application Received:	8/28/2013
MAXIMUS Case Number:	CM13-0017915

- 1) **MAXIMUS Federal Services, Inc. has determined the request for two MRIs of any joint of the lower extremity without contrast material(s) between 4/8/2013 and 4/08/2013 is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/28/2013 disputing the Utilization Review Denial dated 8/13/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **two MRIs of any joint of the lower extremity without contrast material(s) between 4/8/2013 and 4/08/2013** is not **medically necessary and appropriate**.

### **Medical Qualifications of the Expert Reviewer:**

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 treatments and/or services at issue.

### **Expert Reviewer Case Summary:**

This is a 50 year old female with bilateral lower extremity pain. The claimant was status post 10/2009 arthroscopic right knee surgery and status post left knee surgery in 2003. The MRI of the left foot, dated 04/08/12, showed mild hallux valgus angulation of the first digit with capsular thickening which may represent bunion formation or arthritis. Fluid surrounding the flexor hallucis tendon at the level of the metatarsal which may represent tenosynovitis of this structure was present. There was widening of the plantar tendon with increased signal of the plantar fascia near the insertion of the heel which may represent plantar fasciitis.

The 04/02/13 Agreed medical examination report documented the claimant saw a podiatrist in 1/2012 for foot pain. She was treated with orthotics and Lidocaine patches. She reported multiple body complaints including bilateral foot complaints. She had pain to the medial aspect of the longitudinal arch of her feet bilaterally. The claimant was taking Tylenol. She stated symptoms were aggravated by prolonged walking, or walking on carpeting with pressure over the arch of her foot. There was no pain to palpation over the ankles or feet. Dorsiflexion was 20 degrees bilaterally. Plantar flexion was 60 degrees bilaterally. Inversion and eversion was to 20 degrees bilaterally. Diagnosis was plantar fasciitis bilateral feet. Dr. [REDACTED] recommended MRI of studies of the right knee to rule out recurrent meniscal injury and/or patellofemoral pathology and electromyography studies to rule out right lower extremity radiculopathy. The 05/15/13 supplement to agreed medical examination documented the review of cervical, lumbar MRI's, and right foot MRI dated 04/08/13, left foot MRI dated 04/08/13, right knee MRI dated 04/10/13, MRI of the thoracic spine dated 04/11/13, right knee x-rays 04/02/13 and lumbar spine x-rays 04/02/13. The MRI of the right knee showed chondromalacia, cyst to the lateral epicondyle of the distal femur, small tear of the posterior horn of the medial meniscus and small to moderate amount of joint effusion. The MRI of the left

foot, dated 04/08/13, showed mild hallux valgus angulation of the first digit with capsular thickening which may represent bunion formation or arthritis. Fluid surrounding the flexor hallucis tendon at the level of the metatarsal which may represent tenosynovitis of this structure was noted. There was widening of the plantar tendon with increased signal of the plantar fascia near the insertion of the heel which may represent plantar fasciitis. The 04/08/13 right foot MRI report results were mild hallus valgus angulation of the first digit with capsular thickening which may represent bunion formation or arthritis, widening of the plantar tendon with increased signal of the plantar fascia which may represent plantar fasciitis. Impression was that the claimant should continue her course of treatment for her bilateral foot/ankle symptoms with her orthopedic surgeon or podiatrist. Recommendations were for authorization for custom fit orthotics, stretching program, NSAIDS, night splints and a temporary partial disability for the bilateral feet and ankles precluding her from prolonged walking, standing or climbing activities. On 06/11/13, Dr. [REDACTED] requested a podiatrist evaluation for he claimant. There was no exam provided. On 08/13/13, Dr. [REDACTED], peer review denied the imaging of the lower extremity due to no substantial evidence of foot complaints or pathology.

**Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Treatment Utilization Schedule (MTUS)
- Medical Records from:
  - Claims Administrator
  - Employee/Employee Representative
  - Provider

**1) Regarding the request for two MRIs of any joint of the lower extremity without contrast material(s) between 4/8/2013 and 4/08/2013:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), pg. 374, which is part of the MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), pg. 372, which is part of the MTUS.

Rationale for the Decision:

MTUS guidelines indicate that for imaging, special studies are usually not needed until after a period of conservative care and observation. In this case, the employee had a right knee arthroscopy done in 2009 and records showed that an MRI of the left foot in April 2012. The medical records submitted for review fail to document a new injury or specific clinical change. Additionally there was not any indication of plain films having been done. The record indicates that an MRI of the right knee had been ordered to rule out recurrent meniscal pathology however there was no documented on examination consistent with internal derangement or a change in the condition. Moreover, the diagnosis of the bilateral feet was plantar fasciitis, and an MRI of the left foot had been done in April 2012 and there was no indication provided of any clinical change in the employee's condition, or evidence of new trauma. **The request for two MRIs studies of any joint of lower extremity without contrast material(s) between 4/8/13 and 4/8/13 is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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