

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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.

DOCUMENTS REVIEWED

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

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The records indicate the patient is a 62 YO, F, with a left foot injury on 2/8/13. Initially the pain was at 7-8/10, but by 7/18/13 she reports it being at least 50% better at 3/10, and wanted to return to work full duty by 7/29/13, if she gets orthotics. She worked as a housekeeper assistant for [REDACTED] for over 12 years and was doing laundry and moving towels on the ground with her left foot when she developed pain. A 2/11/13 x-ray showed normal alignment with no significant findings, but incidental plantar and Achilles enthesophytes. A left foot MRI on 4/2/13 showed degenerative changes at the 4th metatarsal joint. The patient has a history of Type 2 DM, well controlled with Metformin and Glipizide. The electrodiagnostic study on 6/24/13 showed evidence of diabetic neuropathy with absent sural sensory and superficial peroneal sensory response in the left. The arthritis panel was normal except for slightly elevated ESR. The patient had 2 cortisone injections, with minimal benefit from the first on 5/14/13, but 50% improvement with the 2nd injection on 6/28/13. Acupuncture did not help. She had PT. She received orthotics from the podiatrist on 8/8/13. The podiatrist suggested the CT scan on the 6/4/13 and 6/27/13 reports.

IMR DECISION(S) AND RATIONALE(S)

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

1. CT scan to evaluate the arthritis in the joints is medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Occupational Medicine Practice Guidelines, 2nd Ed (2008 Revision) - Ankle and Foot Complaints, pp. 1043.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Ankle and Foot Complaints, Chapter 14, pgs. 372-374, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The request for CT scan in June 2013 appears to meet the MTUS/ACOEM clinical topic criteria for medical necessity. The physician reviewed the XR and MR scans and was concerned for loose bodies or occult fracture at the 4th metatarsal. The patient had the 2nd cortisone injection after the podiatrist requested the CT scans, and subsequently had 50% improvement and requested to return to work full duty. On 8/8/13 the podiatrist dispensed the orthotics and did not discuss further an ongoing need for the CT scan, and the podiatrist listed the patient to be seen on an as-needed basis. It does not appear that the podiatrist wishes to pursue the CT scan, given the interim improvement and return to work. But during the timeframe of the request, 6/4/13-6/27/13, the patient met the criteria for the CT scan of the left foot.

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[REDACTED]
[REDACTED]
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