

Case Number:	CM14-0142055		
Date Assigned:	09/10/2014	Date of Injury:	06/10/2013
Decision Date:	08/17/2015	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/02/2014

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: 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 injured worker is a 55 year old male who sustained an industrial injury on August 10, 2013. He has reported back pain, right shoulder pain, left shoulder pain, and right arm and left heel pain and has been diagnosed with lumbar spine strain, rule out lumbar radiculopathy, thoracic spine strain, right shoulder subacromial impingement syndrome, rule out rotator cuff tear, and rule out internal derangement of the left hand. Treatment has included medications, modified work duty, physical therapy, chiropractic care, and splinting. There was tenderness at L5 with muscle spasm of the paraspinal musculature and painful range of motion. The right shoulder had a positive Neer's sign test. Left foot and heel revealed tenderness at calcaneous. His back pain was 5 out of 10. Upper back pain was rated a 5 out of 10, right shoulder was rated a 4 out of 10. Left heel pain was rated a 5 out of 10. The treatment request included an MRI of the left foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF LEFT FOOT: 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): 373, 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot/MRI and Other Medical Treatment Guidelines <http://www.medicalnewstoday.com/articles/181453.php>.

Decision rationale: Guidelines do not recommend MRI scanning for heel tenderness unless significant acute trauma is present or there has been a failure of conservative care. This individual does not meet these standards. Although there has been consistent tenderness at the apex of the heel there has been no conservative care for this complaint. Guidelines recommend at least a trial of care (un-weighting the calcaneus, injections etc) prior to MRI studies. There are no unusual circumstances to justify an exception to Guidelines. At this point in time the MRI left foot is not supported by Guidelines and is not medically necessary.