

<b>Case Number:</b>	CM13-0010594		
<b>Date Assigned:</b>	03/24/2014	<b>Date of Injury:</b>	06/12/2010
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	07/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 [REDACTED] employee who has filed a claim for chronic knee and ankle pain reportedly associated with an industrial injury of June 12, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; orthotics; transfer of care to and from various providers in various specialties; and the apparent imposition of permanent work restrictions. In a utilization review report of July 16, 2013, the claims administrator denied a request for injection therapy including associated supplies and injectable medications, such as syringes, Triamcinolone, and Marcaine. The claims administrator cited a variety of MTUS and non-MTUS Guidelines. The claims administrator suggested that the applicant in fact try to employ previously recommended orthoses/orthotics before the steroid injections were considered. It does appear that the orthotics, were also denied through a separate utilization review report of July 16, 2013. The applicant's attorney subsequently appealed. An October 27, 2011, medical-legal evaluation is notable for comments that the applicant has remained off of work and is now reportedly retired. In a progress note of July 3, 2013, the applicant presents with persistent foot and ankle pain. He is a former [REDACTED]. He is status post cervical spine surgery, lumbar spine surgery, and knee surgery. He has some flatfoot deformities and exhibits a normal gait. Some thickening and tenderness are noted about the posterior calcaneus bones. The applicant was given permanent work restrictions. Custom foot orthoses were recommended. The attending provider wrote that the applicant would require two corticosteroid injections if the orthoses did not fully relieve the present degree of inflammation about the heels and/or surgical excision of the calcaneal spurs if the injections were likewise ineffectual.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INJECTION THERAPY, X2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371,376.

**Decision rationale:** The MTUS/ACOEM guidelines in chapter 14, page 371 do support corticosteroid injections in individuals with plantar fasciitis. Additionally, MTUS/ACOEM guidelines Chapter 14, Table 14-6 does recommend local injections of lidocaine plus steroids in individuals with plantar fasciitis, the set of two injections cannot be supported as ACOEM does not recommend repeated or frequent injections. The request for injection therapy, quantity 2 is not medically necessary and appropriate.

**TRIAMCINOLONE INJECTABLE MEDS, X2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

**Decision rationale:** The MTUS/ACOEM guidelines, Chapter 14, states that repeated or frequent injections are "not recommended." In this case, the attending provider has made a request for a set of two injections. The request for Triamcinolone injectable meds is not medically necessary and appropriate.

**SYRINGE, X2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

**Decision rationale:** The MTUS/ACOEM guidelines Chapter 14, Table 14-6, page 376, notes that repeated or frequent injections are "not recommended." Repeat injections cannot be supported without evidence of a favorable and complete response to the prior injection. The request for a Syringe, quantity 2 is not medically necessary and appropriate.

**MARCAINE INJECTABLE MEDS, X2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

**Decision rationale:** The MTUS/ACOEM guidelines Chapter 14, Table 14-6, page 376 notes that repeated or frequent injections of local corticosteroid and anesthetic are "not recommended." The request for Marcaine injectable meds, quantity 2 is not medically necessary and appropriate.