

Case Number:	CM13-0027444		
Date Assigned:	12/11/2013	Date of Injury:	06/05/1999
Decision Date:	10/21/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/20/2013

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 Pain Management 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 injured worker is a 50-year-old female who sustained work-related injuries on June 5, 1999. She underwent a urine toxicology screen on March 28, 2013, April 1, 2013, and July 30, 2013 and results detected acetaminophen, morphine, hydrocodone, and hydromorphone. On April 29, 2013, she underwent extracorporeal shockwave therapy directed to the foot. On July 17, 2013, the injured worker underwent a Podiatric Re-Evaluation Report. She presented with no diagnostic evidence regarding the magnetic resonance imaging of the heels and stated that she did had a plantar fascia release of the left foot but it was not successful with significant pain present in the area. On examination, the right foot appeared to be more symptomatic than the left foot. The pain was demonstrated over the medial and central bands of the plantar fascia which continued to increase with activation of the Windlass mechanism. She does demonstrate pain to heel walking and standing, squatting and crouching. She also does appear to demonstrate symptomatology of pain of the heels on medial and lateral palpation. She also demonstrated symptoms of poor gait and does continue to show pain to weight-bearing status, bilaterally. When she rose up from seated position, pain was increased significantly as does when she steps. The magnetic resonance imaging scan of the right ankle performed on August 8, 2013 revealed: (a) subcutaneous edema, consistent with contusion; (b) plantar fasciitis, and (c) plantar calcaneal spurring. The left ankle magnetic resonance imaging scan revealed (a) subcutaneous edema, consistent with contusion; (b) posterior tibial tenosynovitis; (c) plantar calcaneal spurring; and (d) plantar fasciitis. On August 14, 2013, the injured worker underwent another podiatric re-evaluation. She presented for review of the magnetic resonance imaging films and report performed on August 8, 2013. The results revealed bilateral heels showing plantar fascia thickness of 6-mm bilaterally, subcutaneous edema, posterior tibial tendonitis, plantar calcaneal sprain at the bottom of both heels, as well as findings consistent with plantar fasciitis. The results

also demonstrated plantar fascia that is intact. On examination, she was ambulating in a full weight-bearing status with a regular shoe gear but demonstrated continuation of significant pain; the right foot continued to be significantly more symptomatic than the left. She demonstrated pain in the medial and central bands of the plantar fascia with symptoms that increased significantly with activation of the Windlass mechanism. She ambulated poorly, unable to perform toe walk, toe stand, heel walk, and heel standing. She is diagnosed with (a) plantar fasciitis, bilaterally, confirmed with magnetic resonance imaging; and (b) failed surgical attempted regarding her left foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

INJECTION THERAPY: 1CC DEPO-MEDROL AND 1CC LIDOCAINE TO THE RIGHT FOOT ON 8/14/13: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic), Injections (corticosteroid)

Decision rationale: The Official Disability Guidelines indicate that injections including corticosteroids and anesthetics are considered to be under study due to limited quality evidence. Specifically, if injections are to be administered due to heel pain, evidence-based guidelines indicate that there is no evidence for the effectiveness of injected therapy for reducing plantar heel pain. Since there is no evidence or little support regarding the use of injections for plantar fasciitis, the medical necessity of the Requested Injection Therapy of 1 cc Depo-Medrol and 1cc Lidocaine to the Right Foot on August 4, 2013 is not medically necessary.