

Case Number:	CM13-0030704		
Date Assigned:	11/27/2013	Date of Injury:	09/28/2009
Decision Date:	03/17/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/30/2013

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 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 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.

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 patient is a 58 year old female who was injured in a work related accident on 09/28/09. The most recent clinical assessment for review is dated 08/27/13 noted continued complaints of pain about the left foot and ankle. There was documented tenderness over the calcaneal tuberosity to the left medial aspect of the heel. There was tenderness to palpation at the medial metatarsal joints that was noted to be improving. The claimant was diagnosed with plantar fasciitis and diabetes. The medical records stated that she has received prior corticosteroid injections to the left ankle for plantar fasciitis. A further ankle injection was performed as well as a prescription for "new diabetic shoes" as the records noted the current pairs were over a year old.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kenalog Injection to the Left Heel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, foot/ankle Injection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 18th Edition, 2013 Updates: ankle procedure -Injections.

Decision rationale: California MTUS Guidelines are silent for this request. When looking at the Official Disability Guidelines criteria, the guidelines indicate that there is no evidence for

effectiveness of corticosteroid injections into the plantar aspect of the heel as being beneficial for long term treatment. The claimant is noted to have undergone prior corticosteroid injections to the heel with no documented improvement based on continued need for care. The role of continued injections to the claimant's diagnosis of plantar fasciitis would not be indicated.

Diabetic Shoes-extra deep (1 pair): Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: ankle procedure -Orthotic devices.

Decision rationale: California MTUS Guidelines are silent for this request. When looking at Official Disability Guidelines criteria, the role of diabetic shoes and inserts would appear warranted. The claimant has a documented diagnosis of diabetes as well as recalcitrant plantar fasciitis. Official Disability Guidelines do recommend the role of orthotic devices for "plantar fasciitis, foot pain, and rheumatoid arthritis." It indicates that both prefabricated and custom orthotic devices are recommended for chronic heel pain for continued care. This specific request for the devices in this case would appear medically necessary.

Diabetic Inserts (3pairs): Overturned

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) Treatment in Worker's Comp, 18th Edition, 2013 Updates: ankle procedure - Orthotic devices.

Decision rationale: California MTUS Guidelines are silent for this request. When looking at Official Disability Guidelines criteria, the role of diabetic shoes and inserts would appear warranted. The claimant has a documented diagnosis of diabetes as well as recalcitrant plantar fasciitis. Official Disability Guidelines do recommend the role of orthotic devices for "plantar fasciitis, foot pain, and rheumatoid arthritis." It indicates that both prefabricated and custom orthotic devices are recommended for chronic heel pain for continued care. This specific request for the devices in this case would appear medically necessary.