

<b>Case Number:</b>	CM13-0036856		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	12/27/2003
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 Internal Medicine and Cardiology, was Fellowship trained in Cardiovascular Disease, and is licensed to practice in Texas. 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. 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 patient is a 62-year-old male who reported an injury on 12/27/03 after he walked off of a loading dock, falling approximately six feet, landing on his feet, and fracturing his left calcaneus. The patient developed plantar fasciitis that was exacerbated by ambulating for prolonged periods of time. The patient's treatment history included orthotics, physical therapy, ice, nonsteroidal anti-inflammatory drugs, and injections. The patient's most recent clinical findings included severe aching pain at the left subtalar joint increased with range of motion with 2+ edema and slight increased warmth of the left ankle. It was documented that the patient had minimal tenderness to palpation at the bilateral plantar calcaneal bursa with slight increased warmth and 1-2+ edema. The patient's diagnoses included bilateral foot plantar fasciitis, bilateral foot calcaneal bursitis, sinus tarsi syndrome, and osteoarthritis and degenerative joint disease of the left tarsal sinus joint. The patient's treatment plan included foot orthotics and corticosteroid injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One series of three corticosteroid injections at the bilateral plantar fascia:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

**Decision rationale:** The clinical documentation submitted for review evidences that the patient previously received this type of treatment without significant benefit. The American College of Occupational and Environmental Medicine states that "invasive techniques have no proven value, with the exception of corticosteroid injections into the affected web space in patients with Morton's neuroma or into the affected area in patients with plantar fasciitis or heel spur if 4 to 6 weeks of therapy is ineffective." The clinical documentation submitted for review states that the patient's plantar fasciitis has failed to respond to conservative treatments; however, the patient received corticosteroid injections into the plantar fasciitis with minimal pain relief. Additionally, a series of three injections would not be supported as repeat injections must be based on significant pain relief and functional improvement. Without the ability to determine the effectiveness of an initial injection, additional injections would not be supported. As such, the request is not medically necessary or appropriate.

**One series of three corticosteroid injections at the left subtalar joint tarsal sinus:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

**Decision rationale:** The American College of Occupational and Environmental Medicine does not recommend corticosteroid injections for any indication other than plantar fasciitis or Morton's neuroma. The scientific efficacy of corticosteroid injections to the subtalar joint tarsal sinus has not been clearly established. Additionally, repeat corticosteroid injections should be based on the functional response of the initial injection. Therefore, a series of injections would not be supported by guidelines. As such, the request is not medically necessary or appropriate.

**four plaster splints:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

**Decision rationale:** The clinical documentation submitted for review evidences that the patient has bilateral plantar fasciitis, and the American College of Occupational and Environmental Medicine recommends night splinting as a conservative treatment for plantar fasciitis; however, the most recent clinical documentation submitted for review states that the plaster splints are to be used to aid in developing orthotics for the patient, as well as the fact that the patient

previously attempted the use of orthotics and did not experience significant pain relief. Therefore, additional orthotics would not be supported. As such, the request is not medically necessary or appropriate.