

Case Number:	CM14-0000033		
Date Assigned:	01/17/2014	Date of Injury:	11/07/2012
Decision Date:	04/24/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/31/2013

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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:

This patient is a 51-year-old male with date of injury of 11/07/2012. Per QME evaluation report 01/30/2013, patient presents with left foot pain, particularly around the heel area, and to some degree, at the ball of the foot with the listed diagnoses of: 1. Plantar fasciitis. 2. Metatarsalgia. 3. Predislocation syndrome. 4. Plantarflexed metatarsal. For future medical care, recommendations were injections, strapping, physical therapy, and conservative treatments. Treating physician, [REDACTED] report from 10/11/2013 has a diagnosis of right greater than left plantar fasciitis, mild bilateral Metatarsalgia. Patient was given cortisone injections for the bilateral plantar fasciitis. On 11/20/2013 report by a treater, patient had more pain following injection at his last visit. He continues to have pain when stepping out of bed. Recommendation was for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Ankle Cortisone Injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Ankle & Foot

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) guideline on ankle injections

Decision rationale: This patient presents with bilateral plantar fasciitis. Review of the reports show that the patient was provided with cortisone injection on 10/28/2013 without any benefit. It is not clear based on the request whether or not this is a retrospective review or that there is another request for repeat injection. Utilization review from 12/19/2013 would appear to suggest that the previous injection from 10/28/2013 was authorized, and that there is an RFA for another injection from 12/19/2013. However, I was not able to verify that there is another request for a repeat injection. MTUS Guidelines do not discuss cortisone injections for plantar fasciitis. However, ODG Guidelines states, "There is no evidence for the effectiveness of injected corticosteroid therapy for reducing plantar fasciitis." There does not appear to be much support for cortisone injections for plantar fasciitis, although it is commonly practiced. Recommendation is for denial.

12 Physical Therapy Sessions (3x4): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: This patient presents with chronic and persistent bilateral heel pains. The request is for physical therapy 3 times a week for 4 weeks per prescription dated 11/20/2013. Review of the reports shows that this patient did have prior therapy for bilateral feet pain. 11/07/2012 report refers to "continue physical therapy until referral to podiatry". A 07/12/2013 references patient obtaining orthotics from physical therapy. No physical therapy reports were provided to understand exactly how much physical therapy this patient has had. MTUS Guidelines allow up to 9 to 10 sessions of physical therapy for myalgia-, myositis-type of problem that this patient does suffers from. The current request for 12 sessions exceeds what is allowed by MTUS Guidelines. Review of the reports would suggest that the patient has had some therapy in the past, and the treating physician does not discuss results from these treatments and whether or not they have been successful. The treating physician does not provide discussion regarding patient's home exercise program or any specific new needs for requiring physical therapy. Recommendation is for denial.