

Case Number:	CM14-0001705		
Date Assigned:	01/22/2014	Date of Injury:	11/26/2012
Decision Date:	11/13/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/06/2014

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 Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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 58 year-old, with a date of injury of 11/26/12. A progress report associated with the request for services, dated 12/03/13, identified subjective complaints of left foot pain. The objective findings included tenderness to palpation of the plantar aspect of the left foot. The diagnoses included plantar fasciitis. The treatment has included anti-seizure agents and topicals. A Utilization Review determination was rendered on 12/24/13, recommending non-certification of "three (3) cortisone injections" and 1 pair of extra depth shoes.

IMR ISSUES, DECISIONS AND RATIONALES

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

THREE (3) CORTISONE INJECTIONS: 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 and 376.

Decision rationale: The MTUS/ACOEM Guidelines indicate that injection procedures of the foot have no proven value with the exception of plantar fasciitis if four to six (4-6) weeks of conservative therapy is ineffective. The guidelines state that an injection is recommended, but repeated injections are not recommended. In this case, three (3) injections are requested. Based

on the guidelines, this is not recommended and therefore, lacks medical necessity. Therefore, the request is not medically necessary.

ONE (1) PAIR OF EXTRA DEPTH SHOES: 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): 371 and 376.

Decision rationale: The MTUS/ACOEM Guidelines indicate that for the appropriate diagnoses, rigid orthotics are recommended. The guidelines also indicate that rigid orthotics (full-shoe-length insets made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis. An extra depth shoe allows room for the orthotic to be inserted. The guidelines recommend rigid orthotics and therefore, the record does document the medical necessity for extra-depth shoes. Therefore, the request is not medically necessary.