

Case Number:	CM14-0128197		
Date Assigned:	08/15/2014	Date of Injury:	06/30/2009
Decision Date:	12/12/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/12/2014

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 licensed in Podiatry and is licensed to practice in New York. 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:

According to the enclosed information, the original date of injury for this patient was 6/30/2009. On 6/5/2014 pt was seen by a podiatrist for left foot pain rated at 7/10. Repetitive pain increases the pain. The progress note advises of residual plantar fasciitis left with sinus tarsitis and scarring in the sinus tarsi. Scarring at the ankle joint is noted along with arthrofibrosis. The podiatrist feels that the best course of treatment would be 3 cortisone injections to the plantar fascia and ankle region. Pt received an injection to the left plantar fascia region that day, as well as one on 6/29/2014. On 7/29/2014 a request for authorization for medical treatment was submitted for 3 cortisone injections to the left heel. Diagnoses include: inversion hyperextension injury to the left foot and ankle, arthrofibrosis/synovitis left ankle, scar tissue left ankle, plantar fasciitis left, and neuritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three cortisone injections into the plantar fascial region of the left foot and left ankle:

Overturned

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.

Decision rationale: After careful review of the enclosed information and the pertinent guidelines for this case, it is my feeling that the Decision for Three cortisone injections into the plantar fascial region of the left foot is medically necessary and reasonable. Chapter 14 pg 371 states that Invasive techniques (e.g., needle acupuncture and injection procedures) have no proven value, with the exception of corticosteroid injection 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 four to six weeks of conservative therapy is ineffective. The request is for cortisone injections into this patient's left plantar fascia. It is important to note that the injections to the ankle region/ankle joint are not recommended, only the injections to the plantar fascia region. Request is medically necessary.