

Case Number:	CM14-0181335		
Date Assigned:	11/06/2014	Date of Injury:	09/17/2009
Decision Date:	12/12/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	10/31/2014

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 Physical Medicine & Rehabilitation 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:

The injured worker is a 38-year-old female who reported an injury on 09/17/2009. The mechanism of injury was not submitted for this review. The injured worker's treatment history included back surgery, medications, urine drug screen, CT scan, and psychotherapy treatment. The injured worker was evaluated on 10/06/2014 and it was documented the injured worker complained of severe foot pain. Objective findings included moderate to severe foot pain associated with plantar fasciitis, as well as weight bearing x-rays that display heel spurring. There was stable foot posture without obvious structural deformities noted bilaterally. There was moderate to severe pain with palpation of the medial plantar 2/3 of the insertion site of the plantar fascia and to the medial calcaneal tuberosity. An unofficial x-ray was taken on 10/06/2014 that revealed inferior calcaneal exostosis. There was no bone cyst or bone callus formation/acute fracture/dislocation/bone tumor noted. The diagnosis included chronic low back pain, lumbar radiculopathy and severe foot pain, postlaminectomy pain syndrome, bilateral plantar fasciitis, an abnormal gait, and inferior calcaneal spurring. The Request for Authorization dated 10/21/2014 was for 3 cortisone injection therapy shots and 1 custom made orthotic.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 cortisone injection therapy shots: 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, Ankle & Foot (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

Decision rationale: The request for 3 cortisone injections therapy shots are not medically necessary. CA/MTUS/ACEOM state 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 failed to include location where injections are required for injured worker. Per the guidelines, cortisone injections for plantar fasciitis or heel spurring are considered after at least 4 to 6 weeks of conservative therapy has failed. Cortisone injections to the feet do not appear indicated at this time. Despite continued heel pain and x-ray findings representative of plantar fasciitis, the submitted documentation does not display any findings of prior conservative care for the feet, making injections unwarranted. Therefore, the request for 3 cortisone injection therapy shots is not medically necessary.

1 custom made orthotic: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371, 376.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

Decision rationale: The request for 1 custom made orthotic is not medically necessary. CA/MTUS/ACEOM state that rigid orthotics (full-shoe-length inserts 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 and metatarsalgia. The request failed to include body location that is required for the custom made orthotic. Custom made orthotics do not appear indicated at this time. Despite continued heel pain and x-ray findings representative of plantar fasciitis, the submitted documentation displays only recent findings of plantar fasciitis, making a trial of prefabricated orthotics more appropriate, and a custom made orthotic is unwarranted at this time. As such, the request for 1 custom made orthotic is not medically necessary.