

<b>Case Number:</b>	CM14-0028361		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	11/07/2012
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 Occupational Medicine 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:

The applicant has filed a claim for bilateral plantar fasciitis reportedly associated with an industrial injury of November 7, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy over the life of the claim; transfer of care to and from various providers in various specialties, and reported return to regular work. In a Utilization Review Report dated February 28, 2014, the claims administrator partially certified request for one additional session of physical therapy and denied a request for corticosteroid injection for plantar fasciitis outright. The claims administrator stated that the applicant had had 14 prior sessions of physical therapy. The claims administrator incorrectly stated that the MTUS was silent on the request for corticosteroid injection therapy. Despite the fact that the MTUS addresses both the request for physical therapy and the request for corticosteroid injection for the plantar fascia, the claims administrator nevertheless cited non-MTUS ODG references. The applicant's attorney subsequently appealed. A progress note dated April 4, 2014 was notable for comments that the applicant had returned to regular work as a firefighter and had ongoing issues with bilateral plantar fasciitis. It was stated that the applicant had tried extensive conservative management, including physical therapy. The applicant had BMI of 26. Tenderness is appreciated about the plantar fascia. The applicant did nevertheless exhibit a normal gait. The applicant was returned to regular duty work. It appears that plantar fascia injection and eight sessions of physical therapy were sought on an office visit of February 24, 2014, at which point the applicant was given a diagnosis of bilateral plantar fasciitis, right greater than left. The applicant was returned to regular work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CORTISONE INJECTION TO RIGHT PLANTAR FASCIITIS: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

**Decision rationale:** The request for a cortisone injection to the right plantar fascia is medically necessary, medically appropriate, and indicated here. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, Table 14-6, page 376, local injection of lidocaine and a cortisone solution is "recommended" for applicants with point tenderness in the area of a heel spur, plantar fasciitis, or a Morton's neuroma. In this case, the applicant does in fact carry diagnosis of bilateral plantar fasciitis, right greater than left. The attending provider has seemingly stated that the applicant has plateaued with earlier treatment in the form of physical therapy. A corticosteroid injection is indicated to ameliorate the applicant's ongoing issues with the right lower extremity plantar fasciitis. Therefore, the request is medically necessary.

**EIGHT (8) ADDITIONAL PHYSICAL THERAPY SESSIONS: Upheld**

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

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

**Decision rationale:** The request for eight additional sessions of physical therapy is not medically necessary, medically appropriate, or indicated here. The applicant has already had prior treatment (14 sessions, per the claims administrator), seemingly well in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue reportedly present here. It is further noted that pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines both endorse active therapy, active modalities, and tapering or fading the frequency of treatment over time. In this case, the request for eight additional sessions of treatment runs counter to MTUS parameters and principles. It is further noted that the applicant has already returned to regular work and should theoretically be capable of transitioning to home exercise program without the need for another lengthy formal course of physical therapy such as that proposed here. Therefore, the request is not medically necessary, for all of the stated reasons.