

Case Number:	CM14-0036636		
Date Assigned:	06/25/2014	Date of Injury:	07/31/2013
Decision Date:	07/25/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/26/2014

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 and Rehabilitation 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 injured worker is a 50-year-old female who reported an injury on 07/31/2013. The mechanism of injury was not provided within the documentation. The injured worker's prior treatments were noted to be aquatic therapy and acupuncture. Her diagnoses were noted to be right foot and ankle sprain; right foot metatarsal bone injury; right knee sprain; SI joint dysfunction; low back pain with clinical evidence of right side radiculopathy; and complex regional pain syndrome. The injured worker had a clinical evaluation on 04/11/2014. It was noted that the injured worker had no change to the pain level of her right foot and ankle and rated her pain at 4/10 at rest and 6/10 to 7/10 with any attempt at weight bearing activities. The injured worker used crutches as an ambulatory aide. The physical examination findings were 1+ edema to the right calf region, moderate tenderness noted to the right first metatarsophalangeal joint with trace edema and synovial thickening. She had painful and limited range of motion. There was moderate tenderness noted from the digits of her right foot extending approximately 10 cm about the right ankle. There was moderate tenderness noted to the tarsal tunnel region, medial and lateral plantar nerve, as well as Baxter's nerve of her right foot. Also noted was moderate tenderness and induration to the plantar fascia right foot suggestive of scar tissue from a tear. There was moderate tenderness noted to the lateral and anterior aspect of the ankle. The treatment plan included casting to fabricate orthotics; a night splint fitted, and instructions given for it is use; and a referral to see pain management for a consultation in regard to a sympathetic nerve block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motion Control orthotics: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, (on line) (<http://www.odg-twc.com/odgtwc/ankle.htm>).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Orthotic devices.

Decision rationale: The request for motion control orthotics is not medically necessary. The California MTUS ACOEM Guidelines state that rigid orthotics (full-shoe-length inserts made to realign with 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 ODG recommend orthotic devices for plantar fasciitis, for foot pain and rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, and heel spur syndrome). Orthoses should be cautiously prescribed in treating plantar heel pain for those patients who stand for long periods; stretching exercises, and heel pads are associated with better outcomes than custom-made orthosis in people who stand for more than 8 hours per day. The clinical evaluation dated 04/11/2014 indicates in the treatment plan fabricated orthotics. The guidelines support fabricated orthotics for plantar fasciitis. However, the provider's request is nonspecific to the right or left foot. Therefore, the request for motion control orthotics is not medically necessary.

Cortisone injections (x3) to scar tissue on fascia right ankle and right great total joint:
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, (on line) (<http://www.odg-twc.com/odgtwc/ankle.htm>).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Injections (corticosteroid).

Decision rationale: The request for cortisone injections (times 3) to scar tissue on fascia right ankle and right great total joint is not medically necessary. The California MTUS ACOEM Guidelines indicate 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 4 to 6 weeks of conservative treatment is ineffective. The ODG indicate cortisone injections are under study for heel pain. There is no evidence for the effectiveness of injected corticosteroid therapy for reducing plantar heel pain. The steroid injections are a popular method of treating the condition but only seem to be useful in the short-term and only to a small degree. The clinical documentation fails to adequately allow for 4 to 6 weeks of documented conservative care for the treatment of plantar fasciitis including medication and stretching exercises of the affected

right foot. The guidelines do not support injections due to lack of evidence with injections being under study. Therefore, the request for cortisone injections (times 3) to scar tissue on fascia right ankle and right great total joint is not medically necessary.

One night split: 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): 369-371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Night splints.

Decision rationale: The request for 1 night splint is not medically necessary. The California MTUS ACOEM Guidelines address night splints. It is noted night splints, as part of a treatment regimen that may include stretching, range of motion, exercises, and nonsteroidal anti-inflammatory drugs, and may be effective in treating plantar fasciitis; however, the evidence is limited. The ODG indicate night splints are recommended in individuals with plantar heel pain. There is evidence for the effectiveness of dorsiflexion and tension that night splints provide in reducing pain. The provider's request for 1 night splint fails to indicate a right or left. In addition, it fails to indicate duration of use. Therefore, the request for 1 night splint is not medically necessary.

Referral for a pre-sympathetic nerve block consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapters 8-14.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome Page(s): 36. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office visits.

Decision rationale: The request for referral for a pre-sympathetic nerve block consultation is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines indicate local anesthetic stellate ganglion blocks or lumbar sympathetic blocks consistently get 90% to 100% relief each time a technically good block is performed with the measured rise in temperature. The procedure may be considered for individuals who have limited duration of relief from the blocks. Permanent neurological complications are common. The ODG indicate office visits are recommended as determined to be medically necessary. The need for a clinical office visit with a healthcare professional is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The injured worker's medical necessity would be based upon the assessment criteria in the MTUS Medical Treatment Guidelines. The 4 criteria includes continuing pain, which is disproportionate to any enticing event; and must report at least 1 symptom in 3 of the 4 following categories; sensory reports of hyperesthesia and/or allodynia; vasomotor: reports of temperature asymmetry and/or skin color changes and/or skin color asymmetry; sudomotor/edema reports of edema and/or

sweating changes and/or sweating asymmetry; motor/trophic: reports of decreased range of motion and/or motor dysfunction (weakness, tremor, dystonia) and/or trophic changes (hair, nail, skin); and must display at least 1 sign at a time of evaluation in 2 or more of the following categories that include sensory evidence of hyperalgesia (to pinprick) and/or allodynia (to light touch and/or temperature sensation and/or deep somatic pressure and/or joint movement); vasomotor: evidence of temperature asymmetry greater than 1 degree Celsius and/or skin color changes and/or asymmetry; sudomotor/edema evidence of edema and/or sweating changes and/or sweating asymmetry; motor/trophic: evidence of decreased range of motion and/or motor dysfunction (weakness, tremor, dystonia) and/or trophic changes (hair, nail, skin); and there is no other diagnosis that better explains the signs and symptoms. The clinical evaluation fails to provide a substantial amount of qualifiers under the criteria set by the guidelines to indicate a medical necessity to warrant a consultation for a pre-sympathetic nerve block. Therefore, the request for a pre-sympathetic nerve block is not medically necessary.