

<b>Case Number:</b>	CM14-0038389		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	09/11/2013
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Pain 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:

This case involves a 49 year old female who sustained an injury on 09/11/2013 while performing her usual customary duties that required prolonged standing as a checker. Subjective, Objective, Assessment, Plan (SOAP) note dated 03/12/2014 states the patient complained of bilateral heel pain with swelling, back pain with sciatica and ongoing Cam-walker immobilization. Objective findings on exam revealed deep tendon reflexes +2/4 bilaterally and positive straight leg raise of right lower extremity with radiation down the posterior thigh and leg. Her motor strength is 5/5. She has medial subtalar joint axis deviation and persistent moderate pain to the right hind foot/calcaneus with side to side palpation. Additionally, she has inferior to superior palpation of the plantar medial tubercle/persistent left calcaneus. Assessments are gait abnormality, mononeuritis of lower limb, closed fracture of calcaneus and calcaneal spur. She was recommended for a steroid injection to bilateral plantar fascial insertion. Prior utilization review dated 03/19/2014 states the request for heel injection bilateral to bilateral fascia insertion is denied as medical necessity has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Heel injection bilateral to bilateral fascia insertion:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 379. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle, Heel injections.

**Decision rationale:** Per Official Disability Guidelines (ODG), some studies have found that stretching the plantar fascia was 75 percent successful in relieving pain and enabling patients to return to full activity within 3-6 months. After doing the exercise, about 75 percent of patients needed no further treatment. Per ODG guidelines, the steroid injection is under study and not widely used or recommended as limited evidence exists of the effectiveness. As such, this request is not medically necessary.