

Case Number:	CM14-0045892		
Date Assigned:	07/02/2014	Date of Injury:	09/20/2010
Decision Date:	08/22/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/14/2014

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 45-year-old female with a reported date of injury on 09/20/2010. The mechanism of injury was not provided within the documentation available for review. The injured worker's diagnosis included plantar fasciitis. Previous conservative care was not provided within the documentation available for review. Surgical history was not provided within the documentation available for review. Diagnostic history includes MRI of the right ankle and foot, as well as knee and low back. The MRI of the right foot dated 07/22/2013 was essentially unremarkable. The most recent clinical note dated 03/18/2014 states the injured worker presented with low back, right knee, ankle, and foot complaints. Physical exam of the right foot was not provided. The injured worker's medication regimen was not provided within the documentation available for review and the rationale was not available within the documentation. The request for authorization for ultrasound guided injection plantar fascia right foot was submitted on 04/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided injection plantar fascia right foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 1044-1046. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (updated 3/26/14), <http://www.ncbi.nlm.nih.gov>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Injections (corticosteroid).

Decision rationale: The Official Disability Guidelines recommend that corticosteroid injections for heel pain/plantar fasciitis are under study. There is no evidence for the effectiveness of injected corticosteroid therapy for reducing plantar heel pain. Steroid injections are a popular method of treating a condition, but only seem to be useful in the short-term and only to a small degree. This RCT concluded that a single ultrasound guided dexamethasone injection provides greater pain relief than placebo at 4 hours and reduces abnormal swelling of the plantar fascia for up to 3 months, but significant pain relief did not continue beyond 4 weeks. There is a lack of documentation related to the injured worker's physical exam to the right foot. In addition, the Official Disability Guidelines indicate that injections for plantar fasciitis continue to be under study. Therefore, the request for ultrasound guided injection plantar fascia right foot is not medically necessary.