

Case Number:	CM14-0067419		
Date Assigned:	07/11/2014	Date of Injury:	05/24/2013
Decision Date:	08/28/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/12/2014

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 Nevada. 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 40 year-old male was reportedly injured on 5/24/2013. The mechanism of injury is noted as a twisting injury. The most recent progress note dated 4/18/2014, indicates that there are ongoing complaints of left ankle pain. The physical examination demonstrated lumbar spine: antalgic gait, deep tendon reflexes symmetrical bilaterally no clonus. He has a normal lumbar range of motion. No recent diagnostic studies are available for review. Previous treatment includes bracing, medication, and conservative treatment. A request was made for cortisone injection times 3 in the left heel and was not certified in the pre-authorization process on 4/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone Injection times 3, Left Heel: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot. (Acute and Chronic) Injections Corticosteroid, Updated 7/29/2014.

Decision rationale: According to the guideline, injured worker is not recommended for tendonitis or Morton's Neuroma, and not recommend intra-articular corticosteroids. There is an understudy for heel pain (plantar fasciitis). There is no evidence for the effectiveness of injected corticosteroid therapy for reducing plantar heel pain. After review the guidelines it seems there is insufficient data concerning the use of injectable corticosteroids for heel pain. Therefore lacking evidence-based clinical trials the supporting this procedure. This request is not medically necessary.