

<b>Case Number:</b>	CM14-0078158		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	08/17/2013
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 Podiatric Surgery, and is licensed to practice in New York. 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:

According to the enclosed information, this patient visited her podiatrist on 2/5/2014 for increased pain to bilateral heels rated that 9/10. Vascular status appears intact. Tenderness is noted with palpation to the calcaneus and ankle/tibia and fibula right greater than left. Pain is also noted to the talo-calcaneal joint right greater than left. Tenderness is noted upon palpation to the plantar fascia and sinus tarsi right greater than left. Positive Tinel's sign is noted right greater than left. Increased right heel pain is noted since last visit. It is noted that the physician performed myofascial release, injected each heel with steroid and local anesthetic, casted patient for orthotics, and advised icing and stretching. Follow up and 2 to 3 weeks. A follow-up visit is noted for this patient dated 4/2/2014. Patient states that her left foot is feeling better but she is still having sharp pain below her right foot heel and arch area. She is here to pick up her orthotics. Most of patient's palpable foot pain that was noted last visit has resolved. There is still tenderness upon palpation to bilateral sinus tarsi and peroneal tendons. Antalgic gait is noted. Diagnoses include plantar fasciitis, achilles tendinitis, lumbar radiculitis, gait abnormality, pain. Orthotics were dispensed that day, and patient was asked to continue with acupuncture, chiropractic, and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Podiatry follow-up visit date 2/5/14: 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 Chronic Pain Treatment Guidelines Page(s): 127.

**Decision rationale:** The MTUS guidelines state that a health practitioner may refer to another specialist if a diagnosis is uncertain or extremely complex. A referral may be for consultation to aid in the diagnosis, prognosis, or therapeutic management of a patient's ailment. ODG guidelines state that evaluation and management outpatient visits to the offices of doctors play a critical role in the proper diagnosis and return of function to an injured worker. After review of the enclosed information, I feel that the decision for podiatry follow-up visit date 2/5/2014 is not medically reasonable or necessary. There is no documentation enclosed in this case that discusses patient's medical situation prior to 2/5/2014. I am unable to decipher whether the follow-up visit on 2/5/14 was medically necessary, as I do not have any prior medical information for this patient.

**Myofascial release (manual therapy) date of service 2/5/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369.

**Decision rationale:** After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that the decision for myofascial release (manual therapy) date of service 2/5/14 was not medically reasonable or necessary at the time. MTUS guidelines state that manipulation has not been shown to be effective in alleviating foot or ankle pain, chapter 14 page 369. The myofascial release is not medically necessary.

**Impression Casting-date of service 2/5/14: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370-371.

**Decision rationale:** After careful review of the enclosed information, it is my feeling that the decision for impression casting - date of service 2/5/14 was medically reasonable and necessary. Impression casting is used to create an impression of the patient's foot in order to fabricate custom molded orthotics. It is noted in the progress notes that this patient suffers with heel pain, right greater than left. MTUS guidelines state that rigid orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. I believe this patient is suffering with plantar fasciitis and would benefit from orthotic therapy.

**Injections under Ultrasound Guidance: 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): 371.

**Decision rationale:** After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that the decision for injections under ultrasound guidance is not medically reasonable or necessary at this time. MTUS guidelines do advise that: Invasive techniques (e.g., needle acupuncture and injection procedures) have no proven value, with the exception of 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 four to six weeks of conservative therapy is ineffective. There is no evidence, however, that states that these injections must be given under ultrasound guidance. Research has shown that local steroid injections to symptomatic heels for plantar fasciitis can be given very effectively without ultrasound guidance. To be clear, I do not feel that this injection procedure was medically necessary because ultrasound guidance was utilized.

**Custom Molded Functional Orthotics: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370, 371.

**Decision rationale:** After careful review of the enclosed information and the MTUS guidelines pertinent in this case, I feel that custom molded foot orthotics for this patient are medically reasonable and necessary. It is noted in the progress notes that this patient suffers with heel pain, right greater than left. MTUS guidelines state that rigid orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. I believe this patient is suffering with plantar fasciitis and would benefit from custom molded orthotic therapy.

**Unna Boot, strapping and casting: Overturned**

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

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

**Decision rationale:** After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that the decision for Unna Boot, strapping, and casting was medically reasonable and necessary for this patient. The MTUS guidelines state that Rest and immobilization (braces/supports) are recommended for acute injuries, immobilization and weight bearing as tolerated, taping or bracing later to avoid exacerbation or for prevention. Unna Boot or strapping is appropriate for the acute immobilization of plantar fasciitis.

**Orthotics dispensed on 4/2/14:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370-371.

**Decision rationale:** After careful review of the enclosed information and the MTUS guidelines pertinent in this case, I feel that the orthotics dispensed on 4/2/14 for this patient are medically reasonable and necessary. It is noted in the progress notes that this patient suffers with heel pain, right greater than left. MTUS guidelines state that rigid orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. I believe this patient is suffering with plantar fasciitis and would benefit from the orthotics dispensed on 4/2/14.