

Case Number:	CM14-0192957		
Date Assigned:	11/26/2014	Date of Injury:	08/01/2007
Decision Date:	01/27/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/18/2014

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 Anesthesiology, has a subspecialty in Acupuncture & 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:

The injured worker is a 48 year old female with a date of injury of 08/01/2007. The cause of injury was not included in the documentation. The current diagnosis is plantar fasciitis, recurrent and recalcitrant. Previous treatments include orthotics, 3 previous cortisone injections, shockwave therapy, Medrol, Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), plantar fascial night splint. Treating physician report dated 10/20/2014 was included in the documentation submitted. Presenting complaint included recurrent pain in the left heel. The pain has been present for 11 weeks, described as constant. Physical examination revealed pain with palpation of the LPCT on the left foot. The physician noted that a Magnetic Resonance Imaging (MRI) of the left ankle performed on 10/13/2014 revealed chronic plantar fasciitis without rupture, but this report was not included in the documentation submitted. Documentation for the prior 3 injections of cortisone were not included in the documents reviewed. The physician recommended a series of 3 cortisone injections, Voltaren, and physical therapy. Further recommendation was made to resume use of plantar fascial night splint and to continue use of orthotics. The injured worker is on TTD/modified work restrictions. The utilization review performed on 10/27/2014 non-certified a prescription for cortisone injections up to 3 injections in the left heel based on lack of evidence of considerable benefit with prior injections, the medical necessity is not established for repeat injections. The utilization reviewer referenced the Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone Injections, up to three injections to the left heel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter

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

Decision rationale: Per ACOEM guidelines for patients with point tenderness in the area of a heel spur, plantar fasciitis, or Morton's neuroma, local injection of lidocaine and cortisone solution is recommended. The documentation submitted for review indicates that the injured worker has previously been treated with 3 cortisone injections into the sub calcaneal region of the left heel for plantar fasciitis. However, the documentation does not contain information regarding pain relief, improved function, or for what duration. Without this information, the medical necessity of repeat injections cannot be affirmed.