

Case Number:	CM14-0193691		
Date Assigned:	12/01/2014	Date of Injury:	06/09/2014
Decision Date:	01/15/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/19/2014

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, has a subspecialty in Pain Management 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 50 year old male sustained a work related injury on 06/09/2014. According to Utilization Review, the injury occurred due to long hours of work performing heavy duty with prolonged standing and walking while wearing heavy stiff officer's boots. As of an office visit dated 07/16/2014, the provider noted that the injured worker would require a corticosteroid injection in the posterior right heel if noninvasive methods of reducing inflammation were not successful. The injured worker was instructed to ice heel several times per day, do stretching exercise and avoid rigid shoes. According to the provider, the injured worker needed to be followed with the use of custom molded foot orthotics. As of an office visit dated 10/29/2014 the injured worker complained of persistent moderate pain in the posterior right heel with slight pain in the posterior left heel. He reported some relief of pain from wearing well-padded tennis shoes and was able to avoid the use of his officer's boots at work. According to the provider a diagnosis of retrocalcaneal bursitis with retrocalcaneal spurs bilaterally was confirmed with x-ray. The radiology report was not submitted for review. Objective findings included pain on direct compression of the posterior lateral and superior margin of the calcaneus on the right. There was pain on maximum passive ankle point dorsiflexion on the right. There was a smaller bony prominence on the posterior left heel. The orthometric examination revealed a severe partially compensated subtalar varus bilaterally with a moderate ankle equinus bilaterally. The injured worker was casted for custom molded orthotics. According to the provider, he will also require a corticosteroid injection in the right heel. Injection therapy was requested. The injured worker had no present work restrictions. The condition was not permanent and stationary until the injured worker receives additional treatment according to the provider. On 11/11/2014 Utilization Review non-certified corticosteroid injection, Triamcinolone injection, Marcaine injection and syringe that was requested on 11/04/2014. According to the Utilization Review physician, the

guidelines do not support the use of injections for treatment of Achilles tendonitis or bursitis. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection: Corticosteroid, Triamcinilone injection meds and Marcain: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation ODG -TWC Ankle & Foot Procedure Summary last updated 7/29/14 steroid injections

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

Decision rationale: Regarding the request for Corticosteroid injection, Occupational Medicine Practice Guidelines state 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. Within the documentation available for review, the patient has been undergoing conservative therapy; however, there is no indication that the patient has been consistently attempting conservative treatment for four to six weeks (including icing, stretching, and avoidance of rigid shoes as recommended by the Treating Physician). In the absence of such documentation, the currently requested injection of Corticosteroid, Triamcinilone injection meds and Marcaine is not medically necessary.