

<b>Case Number:</b>	CM15-0103615		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	10/12/2004
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York  
 Certification(s)/Specialty: Podiatrist

### 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 74 year old female, who sustained an industrial injury on 10/12/2004. Initial complaints and diagnosis were not clearly documented. On provider visit dated 04/22/2015 the injured worker has reported left lower extremity pain. The injured worker was noted to have neuritic pain at the ball of the left foot. On examination mild to moderate tenderness at plantar ball of left foot and Tinel's sign and Valeix's sign present and tenderness to palpation about the medial and middle slips of the left plantar fascia with crepitation and warmth the edema noted. The diagnoses have included plantar fasciitis. Treatment to date has included medication. The provider requested Series of 3 Corticosteroid Injections at Plantar Fascia for Left Foot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Series of 3 Corticosteroid Injections at Plantar Fascia for Left Foot, Qty 3:** Upheld

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

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

**Decision rationale:** According to the enclosed information, this patient presented to the podiatrist on 4-22-2015 with complaints of left foot pain plantarly. Physical exam reveals tenderness to the ball of the left foot as well as the medial and central bands of the plantar fascia left foot. Progress note states that patient has undergone treatment with orthotics and transdermal creams. A request for treatment including three local steroid injections to symptomatic plantar fascia was made. MTUS guidelines advise that local steroid injections are recommended for treatment of plantar fasciitis. What is not recommended is multiple steroid injections to symptomatic area. In my opinion, one local steroid injection to symptomatic painful left plantar fascia should be authorized. A clinical follow-up decision should be made to see if further local steroid injections are recommended. At this time there is no clinical documentation to support that this patient is in need of 3 local steroid injections to her plantar fascia. The request is not medically necessary.