

Case Number:	CM15-0132650		
Date Assigned:	07/20/2015	Date of Injury:	10/24/2012
Decision Date:	08/31/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/08/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injured worker is a 35-year-old male who reported an industrial injury on 10-24-2012. His diagnoses include: planter fibroma with medial slip of planter fascia, compression of the planter medial nerve, proximal radiation of pain through through tibial nerve tree including sciatic, and accommodative pain to lower back with radioculopathy, status-post open reduction and internal fixation of the calcaneus fracture of calcaneous left heel, tarsal tunnel syndrome and plantar fascia release of left foot. Treatments include physical therapy; medication management; and a return to full duty work. The progress notes of 3-17-2015 reported a continued show of symptomatic pain with weight bearing without significant functional resolution. Objective findings were noted to include a continued difficulty with, and analgic ambulation favoring the left foot, with no interval improvement symptomatically, with pain, or with functionally; the inability to walk heel-to-toe; fore-foot ambulation due to significant pain in the heel; symptomatic pain with stretching of the heel and foot; and mild calf pain with hardness, stiffness and locking of the foot. The physician's requests for treatments were noted to include physical therapy for the low back, an ultrasound of the left plantar lesion, and orthotic shoes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound for evaluation of left foot plantar lesion: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic) Ultrasound, diagnostic.

Decision rationale: The injured worker sustained a work related injury on 10-24-2012. The medical records provided indicate the diagnosis of status-post open reduction and internal fixation of the calcaneus fracture of calcaneous left heel, and plantar fascia release of left foot. Treatments have included physical therapy; medication management; and a return to full duty work. The medical records provided for review do not indicate a medical necessity for Ultrasound for evaluation of left foot plantar lesion. The MTUS is silent on the topic, but the Official Disability Guidelines criteria for ultrasound of the foot and ankle are: Chronic foot pain, burning pain and paresthesias along the plantar surface of the foot and toes, suspected of having tarsal tunnel syndrome. Chronic foot pain, pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspected. Chronic foot pain, young athlete presenting with localized pain at the plantar aspect of the heel, plantar fasciitis is suspected clinically. The medical records indicate the foot complaint is not new, and the injured worker has been confirmed to have the above diagnosis; therefore, it is not medically necessary to order diagnostic ultrasound of the left foot.

Physical therapy, lower back, 2 x 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The injured worker sustained a work related injury on 10-24-2012. The medical records provided indicate the diagnosis of status-post open reduction and internal fixation of the calcaneus fracture of calcaneous left heel, and plantar fascia release of left foot. Treatments have included physical therapy; medication management; and a return to full duty work. The medical records provided for review do not indicate a medical necessity for Physical therapy, lower back, 2 x 6 weeks. When indicated, the chronic pain physical Medicine guidelines recommend a maximum of 10 visits of physical therapy, except in cases or reflex sympathetic dystrophy where the guidelines allow 24 visits. Therefore, the requested treatment is more than the maximum recommended by the guidelines. This request is not medically necessary.

Function orthotics with soft interface x 2, vargus/vargus wedge x 2, casting x 2, casting plaster x 2, casting & orthotics mens orthopedic shoes x 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic) Orthotic devices.

Decision rationale: The injured worker sustained a work related injury on 10-24-2012. The medical records provided indicate the diagnosis of status-post open reduction and internal fixation of the calcaneus fracture of calcaneous left heel, and plantar fascia release of left foot. Treatments have included physical therapy; medication management; and a return to full duty work. The medical records provided for review do not indicate a medical necessity for unction orthotics with soft interface x 2, vargus/vargus wedge x 2, casting x 2, casting plaster x 2, casting & orthotics mens orthopedic shoes x 2. The records indicate the injured worker has a problem in the left foot; but no problems were mentioned for the right foot. The MTUS states that rigid orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. The Official Disability Guidelines recommends orthotic devices for plantar fasciitis and for foot pain in rheumatoid arthritis; however, recommends against the use of bilateral foot orthotics/orthoses for treatment of unilateral ankle-foot problems. Therefore, although it is medically necessary for the injured worker to use orthotic device for the left foot, it is not medically necessary to do so for both feet.