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| Case Number: | CM15-0133226 | | |
| Date Assigned: | 07/21/2015 | Date of Injury: | 02/21/2014 |
| Decision Date: | 08/20/2015 | UR Denial Date: | 06/10/2015 |
| Priority: | Standard | Application Received: | 07/09/2015 |

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: North Carolina

Certification(s)/Specialty: Family Practice

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 54 year old female, who sustained an industrial injury on 02/21/2014. According to a progress report dated 04/29/2015, the injured worker reported that the bilateral heels were hurting her more than the left. She had received a cortisone injection in both heels. Examination of the foot and ankle exam demonstrated no ulcers or signs of infection. There was not keratoma formation noted. There were no signs of skin lesions or severe dryness noted. Normal temperature and turgor of the skin was found to be present in both feet. Dorsalis pedis pulse was 2/4 bilaterally. Posterior tibial pulse was 2/4. Capillary refill time was less than 3 seconds in digits 1-5 bilaterally. Hair growth was noted to digits bilaterally. Skin temperature was warm and cooled to proximal to distal bilaterally. Testing of deep tendon reflexes were found to be within normal standards. There were no signs of monofilament testing loss noted. No signs one or two point discrimination loss noted bilaterally. Muscle strength was found to be 5/5 in all four quadrants. No weakness or muscle imbalance was noted. Good muscle tone was noted. There were no signs of varus or valgus deformity with no signs of boney deformity or congenital deformity noted to the bilateral feet. She was doing slightly better on the left but had bilateral heel pain. There was pain in the medial calcaneal tubercle and slightly into the arch bilaterally with the left worse than the right. The Achilles was noted with mild swelling. Assessments included plantar fasciitis, bursitis calcaneus, equinus deformity, pain in limb and difficulty in walking. Electromyography testing showed a mild impingement of plantar nerve. Surgical intervention for fascial release or Tenex procedure starting with the left foot was

discussed. The treatment plan included follow up/schedule surgery. Currently under review is the request for Amniox injection to the left foot 25 mg #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amniox injection to the left foot 25mg #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Clinical Policy Bulletin, Wound Care.

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

Decision rationale: The ACOEM chapter on ankle complaints states: 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. The patient does not have an indication for injection per the ACOEM and the request is thus not medically necessary.