

<b>Case Number:</b>	CM15-0136734		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	01/12/2015
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 41-year-old man sustained an industrial injury on 1/12/2015 after twisting his left ankle. Evaluations include undated left ankle x-rays. Diagnoses include left ankle strain. Treatment has included oral medications and physical therapy. Physician notes on a PR-2 dated 6/8/2015 show complaints of left foot swelling with heel spasm and difficulty walking. Recommendations include trigger point injection and a right ankle splint.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injection to left foot/ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

**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), Injections (corticosteroid).

**Decision rationale:** The claimant sustained a work related injury to the left ankle in January 2015. When seen, he reported sustaining a direct, to the left foot with swelling. He was having heel pain. Physical examination findings included medial left plantar fascia insertion

tenderness with local edema. Authorization for a plantar fascia injection was requested. Guidelines indicate that there is no evidence for the effectiveness of injected corticosteroid therapy for reducing plantar heel pain. Steroid injections are a popular method of treating this condition but only seem to be useful in the short term and only to a small degree. The corticosteroid injection being requested is not recommended and remains under study. The request cannot be considered as being medically necessary.