

<b>Case Number:</b>	CM15-0180071		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	07/17/2014
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: Texas, California

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:

This is a 58 year old female patient who sustained an industrial injury on 07-17-2014. She sustained the injury while performing her usual and customary work as a general manager. While engaging in physical therapy on 8/21/2014, she stepped and rolled off of some uneven pavement and had an inversion injury to the right ankle. The diagnosis includes bilateral plantar fasciitis. According to the treating physician's progress report on 08-17-2015, the patient was returning for follow up for planter fasciitis with little improvement. The doctor had a suspicion for connective tissue disease. There were no objective findings noted at this encounter. On 07-02-2015 examination demonstrated slightly less tender at the plantar and posterior aspects of both heels. Per the QME dated 6/26/2015, the diagnoses include plantar fasciitis, rule out stress fracture os calsis bilateral, and rule out inflammatory joint disease, fibromyalgia. The QME doctor is recommending further diagnostic work up- a three phase nuclear scan and a rheumatology consultation. The patient continues to wear supportive shoes with her orthotics. Current medication was listed as Celebrex. She has had X-rays dated 7/17/2014, which revealed no apparent fracture or osseous lesion. Prior treatments have included physical therapy, orthotics and medications. Treatment plan consists of the current request on 08-18-2015 for antinuclear antibody (ANA) x 1, rheumatoid factor x 1 and erythrocyte sedimentation rate (ESR) x1. On 08-25-2015, the Utilization Review determined the request for antinuclear antibody (ANA) x 1, rheumatoid factor x 1 and erythrocyte sedimentation rate (ESR) x1 was not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**ANA x 1:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

**Decision rationale:** ANA x 1. Per the cited guidelines "Analysis of the objective data (psychosocial assessment, physical exam findings, imaging results, lab tests) is needed to evaluate the patient's subjective report of pain." Per the records provided patient had bilateral ankle/feet joint pain since 7/2014. The patient tried conservative therapy including medications, physical therapy, rest and casting. The patient has delayed recovery for bilateral plantar fasciitis, it is possible that the patient may have connective tissue disorder which may be aggravating the condition or delaying the recovery. The treating doctor had a suspicion for connective tissue disease. It is medically appropriate to evaluate the patient with lab tests including ANA, RA factor and sedimentation rate to diagnose or rule out connective tissue disorder or rheumatoid arthritis. The request of ANA x 1 is medically necessary and appropriate for this patient.

**Rheumatoid factor x 1:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PubMed, 2010 Rheumatoid arthritis classification criteria: an American College of Rheumatology/European League Against Rheumatism collaborative initiative. Arthritis Rheum. 2010; 62 (9): 2569.

**Decision rationale:** Rheumatoid factor x 1. Conclusion: This new classification system redefines the current paradigm of RA by focusing on features at earlier stages of disease that are associated with persistent and/or erosive disease, rather than defining the disease by its late-stage features. This will refocus attention on the important need for earlier diagnosis and institution of effective disease-suppressing therapy to prevent or minimize the occurrence of the undesirable sequelae that currently comprise the paradigm underlying the disease construct "rheumatoid arthritis." (Medical University of Vienna, Vienna, Austria) Per the cited guidelines, "Analysis of the objective data (psychosocial assessment, physical exam findings, imaging results, lab tests) is needed to evaluate the patient's subjective report of pain." Per the records provided patient had bilateral ankle/feet joint pain since 7/2014. The patient tried conservative therapy including medications, physical therapy, rest and casting. The patient has delayed recovery for bilateral plantar fasciitis, it is possible that the patient may have connective tissue disorder which may be aggravating the condition or delaying the recovery. The treating doctor had a suspicion for

connective tissue disease. It is medically appropriate to evaluate the patient with lab tests including ANA, RA factor and sedimentation rate to diagnose or rule out connective tissue disorder or rheumatoid arthritis. The request of Rheumatoid factor x 1 is medically necessary and appropriate for this patient.

**Sedimentation rate x 1:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

**Decision rationale:** Sedimentation rate x 1. Per the cited guidelines, "Analysis of the objective data (psychosocial assessment, physical exam findings, imaging results, lab tests) is needed to evaluate the patient's subjective report of pain." Per the records provided patient had bilateral ankle/feet joint pain since 7/2014. The patient tried conservative therapy including medications, physical therapy, rest and casting. The patient has delayed recovery for bilateral plantar fasciitis, it is possible that the patient may have connective tissue disorder which may be aggravating the condition or delaying the recovery. The treating doctor had a suspicion for connective tissue disease. It is medically appropriate to evaluate the patient with lab tests including ANA, RA factor and sedimentation rate to diagnose or rule out connective tissue disorder or rheumatoid arthritis. The request of Sedimentation rate x 1 is medically necessary and appropriate for this patient.