

<b>Case Number:</b>	CM15-0186426		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	02/02/2008
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 32 year old female, who sustained an industrial injury on 2-02-2008. The injured worker is being treated for plantar fasciitis with heel spur syndrome bilateral feet right greater than left, previous ankle sprain bilateral ankles, sinus tarsi with capsulitis lateral subtalar joints and pain in limb. Treatment to date has included diagnostics, medications, physical therapy, ankle bracing and injections. Per the Primary Treating Physician's Progress Report dated 7-27-2015, the injured worker reported pain in both ankles and heels. Her treatment has included injections, physical therapy and ankle braces which have given her some, but no significant relief of her symptoms long-term. She continues to have pain bilaterally, worse on the right. Objective findings included pain to palpation in the bilateral heels, worse in the plantar central aspect of the right heel. There is also pain in the sinus tarsi bilaterally, also worse on the right. Per the medical records dated 3-09-2015 to 7-27-2015, there is no documentation of efficacy of past injections and the record dated 7-27-2015 states no significant long term relief from past treatment modalities including injections. Work status was permanent and stationary. The plan of care included possible further joint injections in the subtalar joints and heels, orthotics and magnetic resonance imaging (MRI). Authorization was requested on 7-31-2015 for MRI left and right foot and ankle, custom molded orthotics casting, and injections x 4. On 9-09-2015, Utilization Review non-certified the request for injections x 4 for the bilateral foot and ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Injection Bilateral Foot/Ankle # 4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and foot chapter, under Steroid (injection).

**Decision rationale:** The current request is for INJECTION BILATERAL FOOT/ANKLE # 4. The RFA is dated 07/31/15. Treatment to date has included diagnostics, medications, physical therapy, ankle bracing and injections. The patient is not working. ODG guidelines, under the ankle and foot chapter, regarding Steroid (injection) states: Under study. There is little information available from trials to support the use of peritendonous steroid injection in the treatment of acute or chronic Achilles tendinitis. (McLauchlan, 2002) Most evidence for the efficacy of intra-articular corticosteroids is confined to the knee, with few studies considering the joints of the foot and ankle. No independent clinical factors were identified that could predict a better post injection response. (Ward, 2008) Per report dated 07/27/15, the patient reported pain in both ankles and heels. Objective findings included pain to palpation in the bilateral heels, worse in the plantar central aspect of the right heel. There is also pain in the sinus tarsi bilaterally, worse on the right. The patient has diagnoses of plantar fasciitis with heel spur syndrome in the bilateral feet, previous ankle sprain bilateral ankles, sinus tarsi with capsulitis lateral subtalar joints and pain in limb. The treater recommended injections into the subtalar joints and heels. The requested procedure is not supported by ODG guidelines. ODG states that "most evidence for the efficacy of intra-articular corticosteroids is confined to the knee, with few studies considering the joints of the foot and ankle." Given the lack of guideline support for steroid injections to the ankle and foot, the requested procedure cannot be supported. Therefore, the request IS NOT medically necessary.