MAXIMUS Federal Services

Case Number:	CM15-0193816		
Date Assigned:	10/07/2015	Date of Injury:	10/03/2005
Decision Date:	11/18/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/01/2015

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: 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 41 year old female, who sustained an industrial injury on 10-03-2005. The injured worker was diagnosed as having instability of the right ankle, plantar fasciitis, and edema - right ankle and ankle sprain. On medical records dated 07-08-2015, the subjective complaints were noted as progressive pain and instability of right foot and ankle. Pain along the heel with the first step in the morning. Objective findings were noted as positive pain of the heel and calcaneus tubercle - right foot. She has edema of the medial and of the plantar fascia. Gait analysis was positive for antalgic gait. Positive pain with palpation of the anterior talofibular ligament was noted. And the calcaneofibular ligament - right ankle. Pain with range of motion of ankle with dorsiflexion, plantar flexion, inversion and eversion. There was also pain noted with palpation of the medial and lateral gutter of the right ankle. Treatments to date included physical therapy. The provider noted that the injured worker was in need of bilateral braces to avoid compensation or further instability on the left side and the injured worker would also benefit from cortisone injections possibly a series of three to decrease the swelling and inflammation of the plantar fascia to get symptoms under control. Current medications were not listed on 07-08-2015. The Utilization Review (UR) was dated 09-22-2015. A request for Richie braces 1 pair and Cortisone injection x3 right foot-ankle. The UR submitted for this medical review indicated that the request for Richie braces 1 pair and Cortisone injection x3 right foot- ankle were modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Richie braces 1 pair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot Section, Bracing Section.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle Chapter/Richie Brace Section.

Decision rationale: Per the MTUS Guidelines, for acute ankle injuries, immobilization and weight bearing as tolerated, and taping or bracing to avoid exacerbation or for prevention is recommended. Per the ODG, ankle braces are not recommended in the absence of a clearly unstable joint. There are no quality published studies specific to the Richie Brace. In this case, the injured worker does have pain and documented instability in the right ankle but not the left. A brace is supported for the right ankle but not the left, therefore, the request for Richie braces 1 pair is determined to not be medically necessary.

Cortisone injection x3 right foot/ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot Chapter, Injections (Corticosteroid).

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods.

Decision rationale: The MTUS Guidelines recommend the use of injections for patients with point tenderness in the area of a heel spur, plantar faciitis, or Morton’s neuroma. Injections have no proven value for the foot and ankle for other reasons. Repeated or frequent injections are not recommended. In this case, the injured worker has documented pain in the heel and plantar faciitis. Per the ODG, there is no evidence for the effectiveness of injected corticosteroid therapy for reducing plantar heel pain. Steroid injections are a popular method of treating the condition but only seem to be useful in the short term and only to a small degree. Corticosteroid injection is more efficacious and multiple times more cost-effective than ESWT in the treatment of plantar fasciopathy. This RCT concluded that a single ultrasound guided dexamethasone injection provides greater pain relief than placebo at four weeks and reduces abnormal swelling of the plantar fascia for up to three months, but significant pain relief did not continue beyond four weeks. The guidelines would support 1 injection in this case, but not 3, therefore the request for cortisone injection x3 right foot/ankle is determined to not be medically necessary.