

Case Number:	CM15-0194676		
Date Assigned:	10/08/2015	Date of Injury:	03/28/2014
Decision Date:	12/15/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/05/2015

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, Georgia
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 03-28-2014. The injured worker is currently able to return to work with modifications. Medical records indicated that the injured worker is undergoing treatment for peroneal tendinitis, plantar fasciitis, Achilles tendonitis, bursitis, capsulitis, wrist and hand sprain-strain, knee and leg sprain-strain, contusion of knee, sprain-strain to ribs, and anomaly tooth position. Treatment and diagnostics to date has included physical therapy, home exercise program, cervical spine, right wrist, and right hand MRI's, and medications. Current medications include Motrin and Flexeril. After review of the progress note dated 08-07-2015, the injured worker reported pain in bilateral feet and ankles with a pain level of 7 out of 10. Objective findings included severely hypersensitivity to bilateral lower extremities with pain on palpation of bilateral plantar fascia. The request for authorization dated 08-07-2015 requested podiatry follow up visit, record review, injection, and ultrasound guidance for needle placement. The Utilization Review with a decision date of 09-09-2015 denied the request for injection of the bilateral feet under ultrasound guidance (x2) and injection of the bilateral ankles under ultrasound guidance (x2).

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection, bilateral ankles, Qty 2: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Initial Care.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle, Injections.

Decision rationale: CA MTUS is silent on ankle injections. ODG states that intra-articular steroid injections are not recommended. Additionally injections for Morton's neuroma and Achilles tendonitis are not recommended. The request for intra-articular ankle injection is not medically necessary.

Injection, bilateral feet, Qty 2: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Initial Care.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle, Injections.

Decision rationale: CA MTUS indicates that a single steroid injection if there is point tenderness of plantar fascia after 4-6 weeks of conservative therapy. ODG states that intra-articular steroid injections are not recommended. Additionally injections for Morton's neuroma and Achilles tendonitis are not recommended. The medical records do not indicate the location of the planned "foot" injection and it is therefore not medically necessary.

Ultrasound guidance, for injection, bilateral ankles, Qty 2: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle, injections.

Decision rationale: CA MTUS is silent on ankle injections. ODG states that intra-articular steroid injections are not recommended. Additionally injections for Morton's neuroma and Achilles tendonitis are not recommended. As intra-articular ankle injections are not indicated, the request for ultrasound guidance for intra-articular ankle injection is also not medically necessary.

Ultrasound guidance, for injection, bilateral feet, Qty 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle, injections.

Decision rationale: CA MTUS indicates that a single steroid injection if there is point tenderness of plantar fascia after 4-6 weeks of conservative therapy. ODG states that intra-articular steroid injections are not recommended. Additionally injections for Morton's neuroma and Achilles tendonitis are not recommended. The medical records do not indicate the location of the planned "foot" injection and neither the injection nor ultrasound guidance for injection is not medically necessary.