

Case Number:	CM15-0206725		
Date Assigned:	10/23/2015	Date of Injury:	05/28/2013
Decision Date:	12/10/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/20/2015

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, New York
 Certification(s)/Specialty: Podiatrist

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 61 year old female, who sustained an industrial injury on 5-28-13. The documentation on 9-14-15 noted that the injured worker has complaints of bilateral foot pain, right greater than left, in the bunion region an heels. Pain level is rated 5 out of 10 on average and 10 out of 10 at worst. There is pain to deep palpation of the plantar aspect of the right and left foot, consistent to the medial calcaneal tubercle. Extension of the hallux, the great toe, and (windlass mechanism) exacerbates and intensifies the pain level. The plantar fascial is visibly tout and direct pressure tot eh middle of the plantar fascia induces pain. The proximal arch region is slightly indurated with soft tissue swelling that is slightly warm and erythematous and direct palpation to this region also elicits a pain response. The arch of the right and left foot is mildly depressed with weight-bearing; does have a mild pronated deformity and has pain with weight-bearing. The right and left ankle range of motion is painful with noted guarding; the ankle joint is stiff and exhibits reduces range of motion; there is mild swelling of the right and left ankle joints and the they are unstable, a feeling that the ankle may give out. The right and left hallux valgus deformity with prominent dorsal medial bony eminence; the 1st metatarsal-phalangeal joint regions show inflammation and evidence of bursa formation and inflammation and there is no noted overlapping of the 2nd toe noted. The injured worker is able to walk on the balls and on the heels of the feet and both the right and left are painful and weak. Tinel's (Tarsal Tunnel Syndrome) had abnormal findings, right greater than left. Right hand and thumb X-rays revealed that there has been a trapeziectomy performed and the arthroplasty space is maintained and there is mild subsidence of the first metacarpal. Feet X-rays revealed signs of previous

surgery, calcaneus spurs and early first metatarsophalangeal joint arthritis. The diagnoses have included right, left, other enthesopathy of ankle and tarsus; right and left , ankle instability and other joint derangement; right and left plantar fasciitis; right and left hallux valgus and bunion; joint pain; limb pain and right and left status post bunionectomy and chronic pain after surgery. Treatment to date has included bunionectomy to both feet in 2012; surgery to right hand in 2013; naproxen; menthoderm ointment for pain and inflammation; prilosec and physical therapy. The original utilization review (10-5-15) non-certified the request for additional physical therapy for the bilateral feet and ankles, 3x a week for 6 weeks; custom molded orthotics for bilateral feet; corticosteroid injection for bilateral feet, 1x1; ankle joint injection therapy for bilateral ankles- 3 injections over 3 months, kenalog, marcaine and lidocaine, 1x3 and range of motion testing for bilateral feet and ankles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for the bilateral feet/ankles, 3x a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and Ankle Chapter.

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

Decision rationale: The injured worker's situation requires chronic management. The record does not qualify overall improvements in function or pain reduction post previous PT. The injured worker is identified as having: bilateral proximal plantar fasciitis, bilateral ankle instability, bilateral ankle enthesopathy, symptomatic bilateral, post operative bunion disorder, a positive right side Tinel sign, a positive right side Morton sign, a positive anterior drawer sign, an antalgic gait, loss of foot pad, 10/10 lower extremity pain, bilateral limited range of motion at the first MPJ joint bilateral, all attributable to industrially related cumulative trauma. As per MTUS guidelines, page 365, objective evidence of pathology, consistent with the patient's complex of findings requires identification, with such findings to be documented in the medical record. As per MTUS Algorithm, 14-1, page 378, with evidence of disease, recommendation is made to arrange for appropriate treatment. Additional PT for B, feet and ankles, 3 x week for 6 weeks is not medically necessary.

Custom molded orthotics for bilateral feet: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Orthotic devices.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): General Approach, Diagnostic Criteria, Physical Methods. Decision based on Non-MTUS Citation 1 Shulman, Samuel B. (1949). "Survey in China and India of Feet That Have Never Worn Shoes". The Journal of the National Association of Chiropractors 49: 26-30. Retrieved 27

September 2012. 2 Jump up "Bunions - Information About Bunion Deformities". Orthopedics.about.com. 2011-01-24. Retrieved 2011-03-20.

Decision rationale: The injured worker is identified as having: bilateral proximal plantar fasciitis, bilateral ankle instability, bilateral ankle enthesopathy, symptomatic bilateral, post operative bunion disorder, a positive right side Tinel sign, a positive right side Morton sign, a positive anterior drawer sign, an antalgic gait, loss of foot pad, 10/10 lower extremity pain, bilateral limited range of motion at the first MPJ joint bilateral, all attributable to industrially related cumulative trauma. Some of the injured worker's reported disease is recommended in MTUS, for treatment with custom molded foot orthotics. Certain disorders, particularly of the ankle, would benefit from alternative, MTUS endorsed orthotic management such as: AFO devices, braces, shoes, crutches, etc. Bunions with deformity, are often attributed to wearing tight, narrow shoes and high heels [1] [2]. The record provides no address of footwear evaluation or of consideration in treatment. If treatment is indicated to address disorder, the specifics of treatment should be explained, the reasons for the treatment, and the possible benefits of the treatment, with assurance of benefit supported in the record. As per MTUS guidelines, the requested treatment: Custom molded orthotics for B, feet, is not medically necessary.

Corticosteroid injection for bilateral feet, 1x1: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and ankle.

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

Decision rationale: As per MTUS page 371, corticosteroid injection into the affected web space in patients with Morton's neuroma, or into the affected area in patients with plantar fasciitis or heel spur, if four to six weeks of conservative therapy is ineffective. The record provides no qualified indication of outcome for previous treatments. The record indicates bilateral plantar fasciitis and implies a unilateral neuroma/neuritis. The record does not indicate the specifics of treatment or the reasons for the treatment. The requested treatment: Corticosteroid injection for B feet, 1 x 1, is not medically necessary.

Ankle joint injection therapy for bilateral ankles- 3 injections over 3 months, Kenalog, Marcaine and Lidocaine, 1x3: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and ankle.

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

Decision rationale: The record has no mention of diagnostic study applied to evaluate reported ankle instability, possible ankle impingement, possible nerve compression and a reported positive anterior drawer sign. MTUS, Table 14-6, recommends arthroscopy of the affected

ankle before conservative care, including injections, is tried. Table 14-5, Table 14-6, do not recommended repeated or frequent injections. As per MTUS, page 371, injection procedures have no proven value, in treating ankle complaints. As per MTUS guidelines, the requested treatment: Ankle joint injection therapy, B ankles 3 injections over 3 months, Kenalog/Marcaine and Lidocaine, is not medically necessary.

Range of motion testing for bilateral feet/ankles: Upheld

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

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): General Approach, Medical History, Diagnostic Criteria.

Decision rationale: As per MTUS, Tables: 12-3, 14-1, 2, 3 pages: 293, 362-370, a focused physical examination including applicable joint range of motion is essential for the initial and progressive assessment of a patient complaining of potentially work-related foot or ankle symptoms. Range of motion study is intrinsic and medically necessary in the ongoing evaluation and management of this injured worker. The requested treatment: Range of Motion testing, B Foot/ankles, is not medically necessary.