

Case Number:	CM15-0210421		
Date Assigned:	10/29/2015	Date of Injury:	03/14/2015
Decision Date:	12/10/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/26/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 36 year old male, who sustained an industrial injury on 3-14-15. Medical records indicate that the injured worker is undergoing treatment for low back pain, lumbar disc herniation, lumbar spondylolisthesis and bilateral plantar fasciitis. The injured worker is currently working full duty. On (8-27-15) the injured worker complained of low back pain with occasional radiation into the right foot with cramping, muscle spasms and pain. The back pain was rated 6 out of 10 on the visual analog scale. The injured worker also noted bilateral foot pain rated 6 out of 10 on the left and 8 out of 10 on the right. The back and foot pain were noted to be unchanged from the prior visit. Examination of the lumbar spine revealed tenderness to palpation and limited flexion with full extension and bilateral rotation. A straight leg raise test was positive on the right. Examination of the right foot revealed tenderness to palpation over the lateral compartment and in the origin of the plantar fascia. There was evidence of pes planus. Examination of the left foot revealed tenderness to palpation over the posterior compartment. There was evidence of pes planus. Treatment and evaluation to date has included medications, MRI of the lumbar spine, physical therapy (6), massage, acupuncture treatments and chiropractic treatments. Current medications were not provided. The Request for Authorization dated 9-11-15 included requests for one pair of functional orthotics (Cypress Care) and two ligament-trigger point injections with Ultrasonic guidance. The Utilization Review documentation dated 9-21-15 non-certified the request for one pair of functional orthotics (Cypress Care) and two ligament-trigger point injections with Ultrasonic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pair Of Functional Orthotics (Cypress Care): Upheld

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

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

Decision rationale: The claimant sustained a cumulative trauma work injury with date of injury in March 2015 while working as a Police Officer. He was seen for an initial evaluation by the requesting provider in August 2015. He was having bilateral foot pain. Prior treatments had included custom orthotics which were provided in 2012 and were not beneficial. He was continuing to work but had persistent foot pain and discomfort. He was using ice and buying insoles for his shoes. He had been referred with a diagnosis of plantar fasciitis. Physical examination findings included pes planus with hyperpronation. There was severe plantar pain and pain with ankle range of motion. There was abnormal sensation. He had an antalgic gait. Authorization for functional orthotics and for bilateral injections was requested. Medications were prescribed. An orthotic can be recommended for plantar fasciitis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain. Orthoses should be cautiously prescribed in treating plantar heel pain for those patients who stand for long periods and stretching exercises and heel pads are associated with better outcomes than custom made orthoses in people who stand for more than eight hours per day. In this case, the claimant has already been provided with custom orthotics that were not of benefit. These should be reviewed in terms of how they were made and examined physically if possible. Providing another pair of custom orthotics is not medically necessary.

2 Ligament/Trigger Point Injections With Ultrasonic Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The claimant sustained a cumulative trauma work injury with date of injury in March 2015 while working as a Police Officer. He was seen for an initial evaluation by the requesting provider in August 2015. He was having bilateral foot pain. Prior treatments had included custom orthotics which were provided in 2012 and were not beneficial. He was continuing to work but had persistent foot pain and discomfort. He was using ice and buying insoles for his shoes. He had been referred with a diagnosis of plantar fasciitis. Physical

examination findings included pes planus with hyperpronation. There was severe plantar pain and pain with ankle range of motion. There was abnormal sensation. He had an antalgic gait. Authorization for functional orthotics and for bilateral injections was requested. Medications were prescribed. In this case, the actual injection being requested is not specified but would presumably be for plantar fasciitis. Guidelines indicate that there is no evidence for the effectiveness of injected corticosteroid therapy for reducing plantar pain. Steroid injections are a popular method of treating this condition but only seem to be useful in the short term and only to a small degree. The request cannot be considered as being medically necessary.