

<b>Case Number:</b>	CM15-0218817		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	12/28/2013
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	10/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2015

### 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: Texas, Illinois

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:

The injured worker is a 45 year old male, who sustained an industrial injury on 12-28-2013. A review of the medical records indicates that the injured worker is undergoing treatment for plantar fascial fibromatosis, lesion of right plantar nerve, acquired equinus deformity of foot, lumbar degenerative disc disease, and lumbar radiculitis. On 9-4-2015, the injured worker reported right foot pain. The Treating Provider's report dated 9-4-2015, noted the injured worker with right heel pain. The injured worker was noted to have tried aggressive stretching and deep massage and over-the-counter (OTC) inserts with temporary improvement. The foot pain was noted to start in March 2015 after January knee surgery. The physical examination was noted to show the right foot with tenderness to palpation to the medial tubercle of the calcaneal tuberosity with externally rotated right foot and knee with the injured worker's gait. Prior treatments have included left carpal tunnel release, epidural block 12-2013, right knee cortisone injection 5-6-2014, bilateral knee injections 6-10-2014, chiropractic treatments, bilateral L5-S1 transforaminal epidural steroid injection (ESI) on 9-8-2015 with 95% reduction in low back pain and leg pain, bilateral knee injections on 9-1-2015, TENS, and Motrin, Norco, and Flexeril. The treatment plan was noted to include recommendation for biomechanically correct functional foot orthosis to maintain proper biomechanical control throughout the gait cycle and long-term management of the foot and night splints to treat equinus, ice massages at night, and discussion with injured worker of benefits of an injection. The injured worker's work status was noted to be to return to full duty on 9-11-2015. The request for authorization dated 10-19-2015, requested custom orthotics #2, supplies #1, casting #2, and cortisone injection #3. The Utilization Review (UR) dated 10-30-2015, certified the requests for custom orthotics #2, supplies #1, and casting #2, and modified the request for cortisone injection #3 to certify #1.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cortisone Injection #3:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Initial Care, Summary.

**Decision rationale:** The injured worker sustained a work related injury on 12-28-2013. The medical records provided indicate the diagnosis of plantar fascial fibromatosis, lesion of right plantar nerve, acquired equinus deformity of foot, lumbar degenerative disc disease, and lumbar radiculitis. Treatments have included left carpal tunnel release, epidural block 12-2013, right knee cortisone injection 5-6-2014, bilateral knee injections 6-10-2014, chiropractic treatments, bilateral L5-S1 transforaminal epidural steroid injection (ESI) on 9-8-2015 with 95% reduction in low back pain and leg pain, bilateral knee injections on 9-1-2015, TENS, and Motrin, Norco, and Flexeril. The medical records provided for review do not indicate a medical necessity for Cortisone Injection #3. The MTUS states that invasive techniques in the foot (e.g., needle acupuncture and injection procedures) have no proven value, with the exception of 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. However, the MTUS does not recommend repeated or frequent injections. The request is not medically necessary.