

<b>Case Number:</b>	CM15-0031469		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	02/28/2011
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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: Physical Medicine & Rehabilitation

### 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 61 year old female sustained an industrial injury on 2/28/11, with subsequent ongoing bilateral foot pain. The injured worker was diagnosed with bilateral plantar fasciitis. In a PR-2 dated 1/5/15, the injured worker complained of bilateral foot pain, right worse than left, 8/10 on the visual analog scale. Physical exam was remarkable for ambulating with a limp to favor the right lower extremity, tenderness to palpation at bilateral plantar fascia and bilateral pes planus. The treatment plan included bilateral foot orthotics and a right Plantar/Fascia/Calcaneus injection under ultrasound guidance. On 2/3/15, Utilization Review noncertified a request for Right/Fascia/Calcaneus injection under ultrasound guidance citing CA MTUS Chronic Pain Medical Treatment Guidelines and ACOEM guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right/Fascia/Calcaneus injection under ultrasound guidance:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Worker's Compensation, Online Edition, Chapter-Ankle and Foot.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official disability guidelines ankle/foot chapter, Injections (corticosteroid).

**Decision rationale:** This patient has a diagnosis of bilateral plantar fasciitis and presents with complaints of increase in pain in the right foot. The current request is for Right Fascia Calcaneus Injection Under Ultrasound Guidance. Request for Authorization (RFA) is dated 1/5/15. ACOEM chapter 14, page 371 Invasive techniques (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. The ODG guidelines under its ankle/foot chapter has the following regarding Injections (corticosteroid), "Not recommended for tendonitis or Morton's Neuroma, and not recommend intra-articular corticosteroids. Under study for heel pain." The Utilization review denied the request stating that "failure of conservative care with physical therapy and medications was not documented." This patient has chronic pain and the medical records clearly document treatment history which includes both physical therapy and medications. In addition, Corticosteroid injection about the ankle/foot is supported when the patient has Morton's neuroma, plantar fasciitis or heel spur. In this case, this patient suffers from plantar fasciitis. The requested injection IS medically necessary.