

<b>Case Number:</b>	CM15-0050330		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	05/06/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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: Arizona, California  
 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 48 year old male, who sustained an industrial injury on May 6, 2014. He reported an injury to his right heel. The injured worker was diagnosed as having comminuted fracture right os calcis with some displacement and early posttraumatic arthritis right subtalar joint. Treatment to date has included diagnostic studies and medications. On February 13, 2015, the injured worker complained of pain to the hindfoot that is made worse with walking and standing. The pain was noted to be severe at times and alleviated somewhat with rest. Physical examination of the right foot revealed swelling and tenderness over the subtalar joint. There was some widening of the calcaneus under the fibula. Pain was noted with passive range of motion of the subtalar joint. The treatment plan included an injection into the subtalar joint, custom biomechanical orthotics and a return to semi-sedentary work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cortisone injection to right subtalar joint:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

**Decision rationale:** According to the guidelines, injections are recommended for heel spurs, Morton' neuroma or plantar fasciitis. In this case, the claimant had a priorcalcaneal and metatarsal fracture with post-traumatic arthritic changes. Based on the history and guideline recommendations, the request for steroid injection is not medically necessary.

**Custom foot orthotics inserts times two (x2):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot, Orthotic devices.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

**Decision rationale:** According to the guidelines rigid orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. In this case, the claimant did not have the above diagnoses but rather a comminuted fracture and arthritis. As a result, the custom orthotics is not medically necessary.