

Case Number:	CM15-0056030		
Date Assigned:	04/01/2015	Date of Injury:	07/27/2010
Decision Date:	05/01/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/24/2015

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 43 year old male who sustained an industrial injury on 07/27/2010. Diagnoses include plantar fascial fibromatosis, status post previous plantar fascial release, and exostosis. Treatment to date has included diagnostic studies, previous plantar fascial release, injections, and medications. A physician progress note dated 02/25/2015 documents the injured worker has continued left foot and ankle pain. He has numbness, tingling and startup pain. Pain is aggravated with weight bearing, and is relieved by rest. He has thickening of the plantar fascia origin consistent with previous plantar fascia surgery for plantar fasciosis. There is a focus of edema plantar to the plantar fascia origin that was not present previously. There is a non-inflamed plantar calcaneal spur. There is documentation present that the injured worker will undergo surgical intervention. Treatment requested is for Depo-Medrol injection with Marcaine to the plantar fascia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Depo-Medrol injection with marcaine to the plantar fascia: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

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 plantar fasciitis but not recommended to receive multiple injections. In this case, the claimant had undergone prior surgery and an unknown amount of prior injections. The current dosage and amount was not specified. Since multiple injections are not recommended and there is plan for another surgery, an additional Medrol injection is not medically necessary.