

Case Number:	CM14-0128382		
Date Assigned:	08/15/2014	Date of Injury:	02/09/2011
Decision Date:	09/26/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/12/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a female patient with the date of injury of February 9, 2011. A Utilization Review was performed on July 24, 2014 and recommended non-certification of cortisone injection of the right heel x3. A letter dated July 18, 2014 identifies 1-3 injections are recommended for relief of the patient's heel pain. An evaluation dated 6/25/14 identifies history of present illness of right ankle pain located in the right ankle - lateral. Physical exam identifies pain at insertion of plantar fascia into the medial calcaneus and pain with compression of calcaneus. Assessment identifies neuritis, pain in limb, ankle sprain, hypertrophic scar - cicatrix, and muscle atrophy. Treatment plan identifies MRI right ankle and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection of the right heel times 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for 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 rationale: Regarding the request for cortisone injection of the right heel times 3, Occupational Medicine Practice Guidelines state 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 with plantar fasciitis or heel spur if four to six weeks of conservative therapy is ineffective. Within the documentation available for review, there is no indication that four to six weeks of conservative therapy has been ineffective. Additionally, a series of injections is not supported by guidelines and there is no provision to modify the current request. In the absence of clarity regarding those issues, the currently requested cortisone injection of the right heel times 3 is not medically necessary.