

Case Number:	CM14-0160172		
Date Assigned:	10/03/2014	Date of Injury:	05/18/2013
Decision Date:	10/31/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/29/2014

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 & Rehabilitation 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:

The injured worker is a 49-year-old female who reported an injury on 05/18/2013 due to a case of bottles falling on her left heel. Diagnoses included contusion to the left ankle, acute myositis, and acute tenosynovitis/plantar fasciitis. Past medical treatment included medications and physical therapy. Diagnostic testing included an MRI of the left ankle on 12/2013 and x-rays on 05/18/2013. There were no fractures. The injured worker underwent left heel surgery. The injured worker's physical examination on 06/30/2014 revealed tenderness upon palpation to the plantar aspect of the left heel and arch, and no pain with left ankle range of motion. Medications included topical antibiotic ointment to incision. The treatment plan is for cortisone injection times 3 and anesthesia times 3 to the left foot, physical therapy 2 times 4 to the left foot with work hardening. The provider stated additional physical therapy is to decrease pain and swelling and increase ROM (Range of Motion) and strength. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection and Anesthesia #3 to the left foot: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle, Injections (corticosteroid)

Decision rationale: The injured worker underwent left heel surgery. The injured worker's physical examination on 06/30/2014 revealed tenderness upon palpation to the plantar aspect of the left heel and arch, and no pain with left ankle range of motion. The Official Disability Guidelines (ODG) state CORTISONE INJECTION is not recommended for tendonitis or Morton's Neuroma, and not recommend intra-articular corticosteroids. Under study for heel pain. See specific indications below. Heel pain (plantar fasciitis): Under study. There is no evidence for the effectiveness of injected corticosteroid therapy for reducing plantar heel pain. The injured worker has a diagnosis of plantar fasciitis and the guidelines do not recommend cortisone injections for this diagnosis. The request for Cortisone injection is not supported by the Official Disability guidelines. Therefore the request for Cortisone injection and Anesthesia #3 to the left foot is not medically necessary and appropriate.

Eight (8) physical therapy visits for left foot with work hardening: 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 Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Work conditioning, work hardening

Decision rationale: The California MTUS guidelines recommend allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus participation in an active self-directed home physical medicine program. The guidelines recommend 9-10 sessions of physical therapy over 8 weeks. In addition The Official Disability Guidelines state work hardening is recommended as an option for treatment of chronic pain syndromes, depending on the availability of quality programs. Work hardening is an interdisciplinary, individualized, job-specific program of activity with the goal of return to work. Note that the effectiveness of physical conditioning as part of a return to work strategy in reducing sick leave for workers with back pain, compared to usual care or exercise therapy, remains uncertain. There is lack of documentation stating the injured worker is returning to work or has returned to work. There is a lack of documentation indicating the total number of sessions of physical therapy the injured worker has completed. There is a lack of documentation of initial or interim evaluations to determine the injured worker's progress. There is a lack of documentation indicating the injured worker is compliant with participation in a home exercise program. Therefore the request eight (8) physical therapy visits for left foot with work hardening is not medically necessary and appropriate.