

<b>Case Number:</b>	CM14-0023095		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	06/18/2013
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Podiatric Surgery, and is licensed to practice in New York. 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 37-year-old male, with a reported date of injury of 06/18/2013. The injured worker slipped and fell off a roof, and landed on both of his legs. The current diagnoses include status post intraarticular calcaneal fracture of the left foot with post-traumatic arthritic changes; bilateral plantar fasciitis; axial compression strain/sprain of the lumbar spine; post-traumatic arthrofibrosis with lateral impingement lesions of the bilateral ankles; and peroneal tendon impingement of the left foot. The past diagnosis included a left calcaneus fracture. Treatment included x-rays which showed a left calcaneus fracture; a computed tomography (CT) scan of the right and left legs, which showed the left calcaneus fracture; Ibuprofen; and cortisone injections. The progress report (PR-2) dates 02/10/2014 indicated that the injured worker had continued pain to both of his feet, ankles, and lumbar spine. The injured worker complained of constant pain in the left foot, which was rated 6-7 out of 10 and rest, and any attempted repetitive weight-bearing activities increased his pain level to 8 out of 10. He complained of constant pain in his right foot, and rated the pain a 5 out of 10 at rest, and 7 out of 10, with any attempted repetitive weight-bearing activities. The injured worker also complained of constant pain in his lumbar spine, and rated it a 5 out of 10 with rest. The pain increased to 8 out of 10, with any repetitive bending, stooping, twisting, pushing and pulling, lifting over 20 pounds, and weight-bearing activities. The physical examination indicated that he left calcaneus was enlarged. There was moderate tenderness to the medial and lateral subtalar joint line and sinus tarsi region in the left foot. There was moderate tenderness to the peroneal tendon region on the left ankle, and to the later aspect of both ankles. Left calf atrophy was noted. The treating physician provided the injured worker with a cortisone injection of 1% Xylocaine 3ml and Depo-Medrol 10mg due to the intensity and chronicity of the left foot pain, which was caused by severe arthritic changes to the subtalar joint. The treating physician indicated that the injured worker

was not permanent and stationary, and his current work restriction was sedentary. On 02/12/2014, Utilization Review (UR) modified the request for three (3) cortisone injections. The UR physician noted that the ODG guidelines recommend this treatment for plantar fasciitis and Achilles tendonitis, and that the injured worker remains symptomatic with positive exam findings despite conservative treatment.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **THREE (3) CORTISONE INJECTIONS TO EACH PLANTAR FASCIA ONE INJECTION EVERY 2-3 WEEKS: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** After careful review of the enclosed information and the pertinent guidelines for this case, it is my feeling that the decision for 3 cortisone injections to each plantar fascia, one injection every 2 - 3 weeks is medically reasonable and necessary for this patient according to the guidelines. The MTUS guidelines state that 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. This patient does indeed have a diagnosis of painful plantar fasciitis; therefore the cortisone injections to the plantar fascia are medically necessary.

#### **THREE (3) CORTISONE INJECTIONS TO EACH SUBTALAR JOINT, ONE INJECTION EVERY 2-3 WEEKS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** After careful review of the enclosed information and the pertinent guidelines for this case, it is my feeling that the decision for 3 cortisone injections to each subtalar joint, 1 injection every 2 - 3 weeks is medically reasonable and necessary for this patient according to the guidelines. The MTUS guidelines state that 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 patient's current diagnoses include: status post intraarticular calcaneal fracture of the left foot with post-traumatic arthritic changes; bilateral plantar fasciitis; axial compression strain/sprain of

the lumbar spine; post-traumatic arthrofibrosis with lateral impingement lesions of the bilateral ankles; and peroneal tendon impingement of the left foot. The past diagnosis included a left calcaneus fracture. Other than the above diagnosis of plantar fasciitis, none of the other diagnoses would allow for a recommended treatment of a cortisone injection. Therefore, this request is not medically necessary.