

<b>Case Number:</b>	CM15-0010228		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	02/22/2012
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 37 year old female sustained a work related injury on 02/22/2012. According to a follow up evaluation dated 12/11/2014, the injured worker returned for follow-up of painful right plantar fascia and was not doing well. Pain was about the same at last time, rated 8 to 9 on a scale of 1-10. The injured worker was using creams that had been helpful and wearing orthotics. A focused study of the right heel/arch showed 6.3mm thickness of plantar fascia along with a calcaneal spur which had not changed since the previous examination in September 2014. An injection of Xylocaine and methylprednisolone acetate was given. Plan of care included ice, stretches, medications, creams and return to clinic in one month. MRI of the right foot on 08/07/2014 was unremarkable. MRI of the right ankle showed posterior tibialis tenosynovitis and minimal plantar calcaneal spurring. On 10/21/2014 a Functional Capacity Evaluation was performed with recommendations for works restriction to include no sitting for more than 15 minutes continuously, no standing for more than 10 minutes continuously, no walking for more than 0.4 miles continuously, no pushing more than 20 pounds and no pulling more than 20 pounds. Her diagnoses included plantar fasciitis right, peroneal tendonitis right, bursitis, right ankle, capsulitis right ankle, myalgia right and pain. On 01/08/2015, Utilization Review modified the request for follow up/re-evaluation every 4 weeks. According to the Utilization Review physician, one follow up re-evaluation is appropriate to reassess the plan of treatment of the ankle & foot condition. Guidelines cited for this review included the Official Disability Guidelines, Office Visits. The decision was appealed for an Independent Medical Review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow Up/Reevaluation 1 visit:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, page Chapter 7- Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** Guidelines state office visits and follow-ups are determined to be medically necessary and play a critical role in the proper diagnosis and treatment based on the patient's concerns, signs and symptoms, clinical stability along with monitoring of medications including opiates. Determination of necessity requires individualized case review and assessment with focus on return to function of the injured worker. Submitted reports have adequately demonstrated continued symptoms and findings to allow for follow-up intervention and care from the provider as indicated to achieve eventual independence from medical utilization and a follow-up visit has been authorized; however, future care with multiple visits cannot be predetermined as assessment should be made according to presentation and clinical appropriateness. The patient continues to treat for chronic symptoms without any acute flare, new injury, or progressive deterioration to predict future outcome; however, one follow-up visit is medically indicated at this time to assist in the patient's recovery process. The Follow Up/Reevaluation 1 visit is medically necessary and appropriate.