

Case Number:	CM15-0010233		
Date Assigned:	01/27/2015	Date of Injury:	02/22/2012
Decision Date:	03/17/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 female patient, who sustained an industrial injury on 02/22/2012. A follow up podiatrist visit dated 11/13/2014 reported subjective complaint of increased pain right plantar fascia. She reported a sharp radiating pain underneath right heel arch which makes ambulating difficult. There is increased pain with palpation of the right plantar fascia and with activation of Windlass mechanism. There is pain with palpation of the right sinus tarsi, peroneal tendon, and with distraction/impaction of right ankle joint. Weight bearing exam found antalgic gait, putting all the pressure on the contra lateral side, without the use of any assistive devices. The plan of care involved recommending acupuncture, ice stretching and dispensed medications Naprosyn, Flexiril, and Pantoprazole. Return visit in one month. On 01/08/2015 Utilization Review non-certified a request for pharmacological management, noting the Official Disability Guidelines, Medical evaluation, management was cited. The injured worker submitted application for independent medical review of services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacological management: Upheld

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: Decision based on MTUS ACOEM Page(s): Chapter 7, Page 127. Decision based on Non-MTUS Citation Pain section, Office visits

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, pharmacologic management is not medically necessary. A consultation is designed to aid in the diagnosis, prognosis, and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are plantar fascial fibromatosis; other enthesopathy of ankle and tarsus; calcaneal spur; myalgia and myositis, unspecified; and pain in limb. Subjectively, the injured worker complains of painful right plantar fascia. Pain is 8-9/10. She has been using topical creams and wearing orthotics. Acupuncture was helpful. Objectively, there is tenderness over the medial plantar, lateral plantar and lateral calcaneal areas on the right side. Medications include Naproxen 550mg, Flexeril 7.5mg, and Pantoprazole 20mg. Narcotics are not prescribed. The documentation did not contain a clinical indication or rationale for requesting pharmacologic management. Documentation did not contain difficulties managing multiple medications (including opiates). A consultation is designed to aid in the diagnosis, prognosis, and therapeutic management of an injured worker. There was no documentation suggesting difficulties in management. Additionally, the provider (a podiatrist) does not document the efficacy of the current medication regimen. Consequently, absent clinical documentation with a clinical indication or rationale for pharmacologic management, pharmacologic management is not medically necessary.