

Case Number:	CM15-0010270		
Date Assigned:	01/27/2015	Date of Injury:	02/22/2012
Decision Date:	03/24/2015	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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 who sustained a work injury on February 22, 2012. She complained of pain in the right Achilles tendon radiating to the right calf. Diagnosis made was right plantar fasciitis, peroneal tendonitis, bursitis of the right ankle, capsulitis of the right ankle and right myalgia. Treatments included pain medication, ice, physical therapy and trigger point injections, and orthotics. Magnetic Resonance Imaging (MRI) was unremarkable. Currently, the injured worker continued to complain of increased pain in the right heel and ankle joint. Treatments of medications, creams and wearing orthotics had helped some. On December 11, 2014, a request for a service of a ligament trigger point injection by ultrasonic guidance to the right heel was non-certified by Utilization Review, noting the California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ligament/Trigger Point Injection by ultrasonic guidance (right heel): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

Decision rationale: Per ACOEM guidelines for patients with point tenderness in the area of a heel spur, plantar fasciitis, or Morton's neuroma, local injection of lidocaine and cortisone solution is recommended. The documentation submitted for review indicates that the injured worker has previously been treated with 3 cortisone injections into the plantar fascia 12/11/14, 9/2014, 7/2014. However, the documentation does not contain information regarding pain relief, improved function, or for what duration. Without this information, the medical necessity of repeat injections cannot be affirmed.