

Case Number:	CM15-0012431		
Date Assigned:	01/29/2015	Date of Injury:	09/19/2012
Decision Date:	03/24/2015	UR Denial Date:	12/20/2014
Priority:	Standard	Application Received:	01/21/2015

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 44 year old female, who sustained an industrial injury on 09/19/2012. She has reported bilateral foot/ankle pain. The diagnoses have included plantar fasciitis, bursitis, and tarsal tunnel syndrome. Treatment to date has included medications, including NSAIDS; and orthotics. A progress note from the treating physician, dated 12/05/2014, documented a follow-up visit with the injured worker. The injured worker reported painful bilateral plantar fascia; pain is reduced to 6/10 on the visual analog scale underneath both heels/arches; the sharp, burning pain is equal on both sides; and she is using medications, anti-inflammatories, and orthotics. Objective findings included antalgic gait; decreased pain with palpation of the bilateral calcaneal bodies, tibial/fibular shafts, and plantar fascia; and ankle joint dorsiflexion on both sides are decreased by 20 percent. The treatment plan has included continuation of orthotics, icing, and stretching; request for ultrasound guidance for needle placement to the right foot, to help reduce heel pain even more; and follow-up evaluation in one month. On 12/20/2014 Utilization Review non-certified 1 Injection with ultrasound guidance for needle placement to the right foot. The CA MTUS, ACOEM was cited. On 01/12/2015, the injured worker submitted an application for IMR for review of an Injection with ultrasound guidance for needle placement to the right foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection with ultrasound guidance for needle placement to the right foot: 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): 371.

Decision rationale: MTUS state the following: "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 employee meets the above criteria for having plantar fasciitis and failing 6 weeks of conservative therapy. Therefore, the request for Injection with ultrasound guidance for needle placement to the right foot is not medically necessary.