

Case Number:	CM15-0117368		
Date Assigned:	06/25/2015	Date of Injury:	03/21/2014
Decision Date:	08/25/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/17/2015

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 57-year-old female who sustained an industrial injury on 3/21/14. She reported complaints of right foot and ankle pain and was diagnosed with stress fracture of her right foot. Treatments to date include medication, ice, pneumatic equalizer boot, custom orthotics, bone simulator, LidoPro cream and physical therapy. Progress note dated 4/1/15 reports continued complaints of right foot ankle, arch and heel pain. Diagnoses include right foot stress fracture, plantar fasciitis with partial rupture ligament/tendon, tendinitis tibial and calcaneal spur. Work status is sedentary duty only. Plan of care includes: applied right low dye strap, instructed not to walk barefoot, do not wear over the counter insert while foot is taped, continue LidoPro, ice 15-20 minutes three times per day and transition out of equalizer boot into good support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided cortisone injection to the right foot: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ankle and foot (acute and chronic).

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. I respectfully disagree with the UR physician; the documentation submitted for review does indeed indicate that the injured worker suffers from plantar fasciitis. The request is medically necessary.

Kenalog 50 mg per 5ml #1 bottle: 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): 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. I respectfully disagree with the UR physician; the documentation submitted for review does indeed indicate that the injured worker suffers from plantar fasciitis. The request is medically necessary.

Dexamethasone sodium phosphate 120 mg/30ml #1 bottle: 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): 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. However, as dexamethasone is a mineralocorticoid, not a corticosteroid, it is not recommended. Furthermore, this formulation is likely for transcutaneous use. The request is not medically necessary.

Semirigid custom molded orthotics with medial arch support cushioned heels: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370, 371.

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

Decision rationale: Per ACOEM guidelines: Rigid orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. I respectfully disagree with the UR physician; the documentation submitted for review does indeed indicate that the injured worker suffers from plantar fasciitis. The request is medically necessary.