

Case Number:	CM15-0078249		
Date Assigned:	04/29/2015	Date of Injury:	06/23/1997
Decision Date:	06/01/2015	UR Denial Date:	04/18/2015
Priority:	Standard	Application Received:	04/24/2015

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:

The injured worker is a 54-year-old male, who sustained an industrial injury on 06/23/1997. He sustained a fracture of the calcaneus. Treatment to date has included splinting, casting, physical therapy and medications. According to a progress report dated 01/28/2015, the injured worker complained of burning pain at rest, chronic aching pain and walking with a limp. Diagnoses included plantar fasciitis, severe neuropathy and collapsing subtalar joint. Treatment plan included Iontophoresis.

IMR ISSUES, DECISIONS AND RATIONALES

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

One iontophoresis #2: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Ankle & Foot (acute and chronic) chapter, Iontophoresis.

Decision rationale: The 54-year-old patient presents with plantar fasciitis, severe neuropathy, and collapsing subtalar joint, as per progress report dated 01/28/15. The request is for One Iontophoresis # 2. The RFA for this case is dated 01/28/15, and the patient's date of injury is 06/23/97. The patient also has traumatic arthritis, as per progress report dated 07/22/14. The progress reports do not document the patient's work status. ODG guidelines, chapter 'Ankle & Foot (acute and chronic)' and topic 'Iontophoresis', states the following: "Not recommended. There is limited evidence for the effectiveness of topical corticosteroid administered by iontophoresis in reducing plantar heel pain". In this case, the request is noted in progress reports dated 01/28/15 and 01/13/15. The patient suffers from plantar fasciitis. However, ODG guidelines do not support the use of iontophoresis for this condition due to "limited evidence". Hence, the request is not medically necessary.