

<b>Case Number:</b>	CM15-0094303		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	08/05/2014
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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 63 year old female, who sustained an industrial injury on 08/05/2014. She has reported subsequent right foot and ankle pain and was diagnosed with peroneus brevis tendonitis of the right foot, anterior talofibular ligament pain of the right foot, anterior medial ankle capsulitis of the right foot, forefoot valgus and plantar fasciitis. Treatment to date has included oral pain medication, injection and physical therapy. In a progress note dated 04/23/2015, the injured worker complained of right foot and ankle pain. Objective findings were notable for tenderness to palpation of the anterior talofibular ligament, anterior ankle swelling, medial ankle gutter swelling, forefoot valgus and tenderness to palpation and a palpable nodule of the plantar fascia. A request for authorization of Cortisone injection with Celestone, quantity of 2 for the right foot, strapping for the right foot quantity of 2, custom molded orthotics with forefoot valgus post bilateral and physical therapy for the right foot, three times a week for three weeks was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cortisone injection with Celestone, quantity 2 for the right foot:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official disability guidelines Ankle & Foot (Acute & Chronic) Chapter, Injections (corticosteroid).

**Decision rationale:** Based on the 4/23/15 progress report provided by the treating physician, this patient presents with right foot/ankle pain that worsens when walking. The treater has asked for Cortisone Injection with Celestone, Qty: 2 For The Right Foot on 4/23/15. The patient's diagnoses per request for authorization form dated 4/30/15 are plantar fasciitis, tendinitis, forefoot valgus, and capsulitis. The patient is s/p unspecified injection to the peroneus brevis tendon per 4/23/15 report. The patient is s/p right ankle fracture from several years ago that has created residual pain even after work injury per 4/23/15 report. The patient states that previous treatment helped with peroneus brevis tendon and no longer has pain in that area per 4/23/15 report. The patient states that the strapping for immobilization did help with the pain per 4/23/15 report. Per physical exam on 3/26/15, range of motion of right foot is full but is painful on eversion. The patient is to return to full duty on 3/26/15 with no restrictions per 3/26/15 report. ACOEM chapter 14, page 371 states: "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 ODG-TWC, Ankle & Foot (Acute & Chronic) Chapter under Injections (corticosteroid) states: "Not recommended for tendonitis or Morton's Neuroma, and not recommend intra-articular corticosteroids. Heel pain (plantar fasciitis): Under study. There is no evidence for the effectiveness of injected corticosteroid therapy for reducing plantar heel pain. (Crawford, 2000) Tendon (Achilles tendonitis): Not Cortisone injections in the area of the Achilles tendon are controversial because cortisone injected around the tendon is harmful and can lead to Achilles tendon ruptures...." In this case, corticosteroid injection about the ankle/foot is supported when the patient has Morton's neuroma, plantar fasciitis or heel spur. The request is for 2 cortisone injections with celestone for the plantar fascia since the previous injection did help with the peroneus brevis tendon per 4/23/15 report. ACOEM states corticosteroid injections of the plantar fascia are recommended. Therefore, the request is medically necessary.

**Strapping for the right foot, quantity 2:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot Chapter, Immobilization.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee/Leg Chapter, Strapping.

**Decision rationale:** Based on the 4/23/15 progress report provided by the treating physician, this patient presents with right foot/ankle pain that worsens when walking. The treater has asked for

Strapping for the Right Foot, QTY: 2 on 4/23/15 to temporarily immobilize the plantar fascia until she receives molded orthotics. The patient's diagnoses per request for authorization form dated 4/30/15 are plantar fasciitis, tendinitis, forefoot valgus, and capsulitis. The patient is s/p unspecified injection to the peroneus brevis tendon per 4/23/15 report. The patient is s/p right ankle fracture from several years ago that has created residual pain even after work injury per 4/23/15 report. The patient states that previous treatment helped with peroneus brevis tendon and no longer has pain in that area per 4/23/15 report. The patient states that the strapping for immobilization did help with the pain per 4/23/15 report. Per physical exam on 3/26/15, range of motion of right foot is full but is painful on eversion. The patient is to return to full duty on 3/26/15 with no restrictions per 3/26/15 report. ODG, Knee/Leg Chapter for Strapping states: Recommended. The AHRQ Comparative Effectiveness Review of PT for knee arthritis concluded that elastic subtalar strapping improved composite function measures. (Shamliyan, 2012) See also Knee brace; Taping; and Kinesio tape (KT). In this case, the treater states that a low-dye strap was applied to right foot for immobilization to temporarily immobilize the plantar fascia until she receives molded orthotics per 3/26/15 report. Previous strapping for immobilization has been effective in helping with pain per 3/26/15. The request is in accordance with ODG guidelines and is medically necessary.

**Custom Molded Orthotics with forefoot valgus post bilateral: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370. Decision based on Non-MTUS Citation Official disability guidelines Ankle and Foot Chapter, Orthotics.

**Decision rationale:** Based on the 4/23/15 progress report provided by the treating physician, this patient presents with right foot/ankle pain that worsens when walking. The treater has asked for Custom Molded Orthotics with Forefoot Valgus Post Bilateral on 4/23/15. The patient's diagnoses per request for authorization form dated 4/30/15 are plantar fasciitis, tendinitis, forefoot valgus, and capsulitis. The patient is s/p unspecified injection to the peroneus brevis tendon per 4/23/15 report. The patient is s/p right ankle fracture from several years ago that has created residual pain even after work injury per 4/23/15 report. The patient states that previous treatment helped with peroneus brevis tendon and no longer has pain in that area per 4/23/15 report. The patient states that the strapping for immobilization did help with the pain per 4/23/15 report. Per physical exam on 3/26/15, range of motion of right foot is full but is painful on eversion. The patient is to return to full duty on 3/26/15 with no restrictions per 3/26/15 report. ACOEM and MTUS do not specifically discuss shoes. MTUS/ACOEM chapter 14, Ankle and Foot Complaints, page 370, Table 14-3 Methods of Symptom Control for Ankle and Foot Complaints states rigid orthotics are an option for metatarsalgia, and plantar fasciitis. ODG-TWC, Ankle and Foot Chapter under Orthotics states: both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, and heel spur syndrome). Orthosis should be cautiously prescribed in treating plantar heel pain for those patients who stand for long periods; stretching exercises and heel pads are associated with better outcomes than custom made orthoses and people who stand for more than 8 hours per day. Per latest provided progress report dated 4/23/15, treater states that the purpose of the orthotics

will be to help reduce mechanical pull and reduce abnormal motion long term. ODG supports orthoses for plantar fasciitis, foot pain from rheumatoid arthritis and possibly ankle sprains; and insoles are an option for knee osteoarthritis. The patient has foot pain and a diagnosis of plantar fasciitis worse on the right foot. This request does meet guideline indications. Therefore, the request IS medically necessary.

**Physical Therapy for the right foot, three times a week for three weeks (with ultrasound, iontophoresis phonophoresis): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** Based on the 4/23/15 progress report provided by the treating physician, this patient presents with right foot/ankle pain that worsens when walking. The treater has asked for Physical Therapy for the Right Foot, Three Times a Week for Three Weeks with Ultrasound, Iontophoresis Phonophoresis on 4/23/15. The patient's diagnoses per request for authorization form dated 4/30/15 are plantar fasciitis, tendinitis, forefoot valgus, and capsulitis. The patient is s/p unspecified injection to the peroneus brevis tendon per 4/23/15 report. The patient is s/p right ankle fracture from several years ago that has created residual pain even after work injury per 4/23/15 report. The patient states that previous treatment helped with peroneus previs tendon and no longer has pain in that area per 4/23/15 report. The patient states that the strapping for immobilization did help with the pain per 4/23/15 report. Per physical exam on 3/26/15, range of motion of right foot is full but is painful on eversion. The patient is to return to full duty on 3/26/15 with no restrictions per 3/26/15 report. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Per progress report dated 9/17/14, the patient has been improving with her therapy but has chosen to stop and begin a home therapy program. It appears the patient has completed at least 2 sessions as part of a course of physical therapy. The request for 9 additional sessions of physical therapy would exceed what is recommended by MTUS for non-post-op conditions. The utilization review letter dated 5/6/15 also states that the request for ultrasound and iontophoresis phonophoresis have not been proven in medical literature to be effective. Therefore, the request is not medically necessary.