

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/19/2013

[REDACTED]

[REDACTED]

| | |
|---------------------------|--------------|
| Employee: | [REDACTED] |
| Claim Number: | [REDACTED] |
| Date of UR Decision: | 5/20/2013 |
| Date of Injury: | 1/24/2013 |
| IMR Application Received: | 6/12/2013 |
| MAXIMUS Case Number: | CM13-0000653 |

- 1) MAXIMUS Federal Services, Inc. has determined the request for **three ultrasound guided cortisone injections to the left foot is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/12/2013 disputing the Utilization Review Denial dated 5/20/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/1/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **three ultrasound guided cortisone injections to the left foot is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The patient is a 22 year old male who reported an injury on 1/24/2013. The initial podiatry evaluation on 4/2/2013 reported the patient was initially injured when he slipped and twisted his left ankle at work with onset of swelling and pain. The patient complained of 8/10 left foot and ankle pain. On physical examination, the patient had swelling to the left ankle/foot with severe pain upon palpation of the ATFL ligament on the left. The patient also had pain with palpation over the left plantar fascia and antalgic gait. The note reported x-rays were negative for fractures. The patient was recommended for cortisone injection to decrease swelling of the injured area and to get the patient back into shoes without pain. Podiatry re-evaluation on 4/23/2013 reported that the patient was unable to put full weight on the left foot or stand for prolonged periods of time. The patient continued to have swelling and pain with prolonged standing/walking. Upon physical examination, the patient had pain with palpation of the midfoot as well as edema. The patient was given an ultrasound guided cortisone injection to the midfoot to decrease swelling of the nerve and tendons. The patient was recommended for two additional injections. A utilization review completed on 5/20/2013 signed by Dr. [REDACTED] reported that the patient was recommended for one outpatient ultrasound guided cortisone injection to the left foot as per guidelines. A podiatry re-examination on 5/21/2013 reported the patient continued to have pain and swelling to the ankle joint. The patient reported the first injection helped approximately 20%. The patient was given another cortisone injection to the ankle joint.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for three ultrasound guided cortisone injections to the left foot :**The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision**

The Claims Administrator based its decision on the the Official Disability Guidelines (ODG), Ankle & Foot Chapter, Injections, which is not a part of MTUS.

The Expert Reviewer based his/her decision on the Ankle and Foot Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 14) pgs. 369-371, which is part of the MTUS.

Rationale for the Decision:

The request was previously authorized for one cortisone injection. The documentation submitted for review indicates that the employee has undergone two cortisone injections to the left ankle at this time. California MTUS/ACOEM Guidelines state that corticosteroid injections are recommended into the affected area in the employee with plantar fasciitis or heel spurs if four to six weeks of conservative therapy is shown to be ineffective. The documentation submitted for review fails to demonstrate that the employee had been unresponsive to four to six weeks of conservative therapy. Furthermore, there is lack of documentation to support the need for three cortisone injections. There is lack of documentation of any significant pain relief or objective functional improvement to support injections beyond the initial procedure. **The request for three ultrasound guided cortisone injections to the left foot is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/DSO

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.