

Case Number:	CM13-0012028		
Date Assigned:	02/05/2014	Date of Injury:	11/09/2012
Decision Date:	04/22/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	08/15/2013

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. The expert reviewer is Board Certified in Occupational Medicine, 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 33-year-old male with a 11/9/12 date of injury and status post open reduction and internal fixation of an os calcis fracture. At the time (6/28/13) of request for authorization for one cortisone injection 80mg of Depo-Medrol and local anesthetic injected into tarsal bone, there is documentation of subjective (constant pain in the left foot and ankle and swelling in the foot and ankle, which increases with activity) and objective (generalized swelling of the foot and ankle, decreased left foot/ankle range of motion with pain on inversion and eversion, flat-footedness, inability to toe and heel walk, and tenderness in the cuneiform area and the 1st and 2nd tarsal bones) findings, current diagnoses (status post open reduction and internal fixation of the os calcis fracture with residual symptoms), and treatment to date (medication, physical therapy, and left foot/ankle surgery). There is no documentation of Morton's neuroma, plantar fasciitis, or heel spur.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE CORTISONE INJECTION 80MG OF DEPO-MEDROL AND LOCAL ANESTHETIC INJECTED INTO TARSAL BONE: Upheld

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 rationale: MTUS reference to ACOEM identifies documentation of Morton's neuroma, plantar fasciitis, or heel spur despite failure of four to six weeks of conservative therapy, as criteria necessary to support the medical necessity of corticosteroid injection to the foot/ankle. Within the medical information available for review, there is documentation of a diagnosis of status post open reduction and internal fixation of the os calcis fracture with residual symptoms. In addition, there is documentation of failure of conservative treatment (medication and physical therapy). However, there is no documentation of Morton's neuroma, plantar fasciitis, or heel spur. Therefore, based on guidelines and a review of the evidence, the request for one cortisone injection 80mg of Depo-Medrol and local anesthetic injected into tarsal bone is not medically necessary.