

<b>Case Number:</b>	CM13-0012579		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/06/2011
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Podiatry 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 physician 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:

The patient is female, date of birth unspecified, who reported an injury on June 6, 2011. A review of the medical record reveals the patient's diagnoses include bilateral plantar fasciotomies, and subluxation of the right 4th metatarsocuboid joint. The most recent clinical note dated November 6, 2013, reveals the patient continues to have complaints of foot pain. She has had no improvement. The option of surgery on her foot was discussed. However, the patient declined as the physician was unable to guarantee the results. Objective findings upon examination revealed the patient's 4th metatarsocuboid joint is still the area of maximum tenderness. The patient continued to have an antalgic gait pattern. The patient kept her foot wrapped with tape, which she states helped her pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Two Additional Cortisone Injections for the Right Foot: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Work Loss Data Institute, LLC; Corpus Christi, TX, www.odg-twc.com; Section : Ankle and Foot

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376-377.

**Decision rationale:** In the California MTUS/ACOEM Practice Guidelines, it is stated that repeat or frequent injections for patients with point tenderness in the area of the heel spur, plantar fasciitis, or Morton's neuroma, is not recommended. The request is for 2 additional cortisone injections for the right foot, which is suggestive that the patient has received previous cortisone injections for the feet. As there is no clinical documentation provided in the medical record of any benefit or functional gain, or decrease in the patient's pain post the receipt of those previous cortisone injections, the medical necessity cannot be determined for any additional cortisone injections, and the request for 2 additional cortisone injections for the right foot is non-certified.