

<b>Case Number:</b>	CM13-0012927		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/09/2012
<b>Decision Date:</b>	02/21/2014	<b>UR Denial Date:</b>	07/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### 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 Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Disease and is licensed to practice in Texas. 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 a 33-year-old male who reported an injury on 11/13/2012. The mechanism of injury was stated to be that the patient fell off a ladder to the ground and landed on his feet with severe left heel and ankle pain. The patient was noted to undergo an open reduction internal fixation. He was treated with 21 sessions of physical therapy. The clinical diagnosis was noted to be status post open reduction and internal fixation of the os calcis fracture with residuals. A request was made for a cortisone injection with Depo-Medrol and a local anesthetic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One cortisone injection of 80mg of Depo-Medrol and local anesthetic injected into tarsal bone:** 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): 369-371.

**Decision rationale:** American College of Occupational and Environmental Medicine Guidelines indicate that invasive techniques have no proven value with the exception of a corticosteroid

injection into the affected webspace in patients with Morton's neuroma or into the affected area in patients with plantar fasciitis or a heel spur when 4 to 6 weeks of conservative therapy is ineffective. The patient was noted to have complaints of constant pain in the left foot and ankle during activities such as walking, standing and stair climbing. It was also noted that there was constant swelling in the foot and ankle areas which increased with activity. The physical examination revealed that the patient had generalized swelling from the ankle to the foot. There was noted to be decreased range of motion in plantar flexion, eversion and inversion with associated pain on the left side. The patient was noted to be unable to toe gait and heel gait. The patient was also noted to have a specific tender area under the cuneiform area between the 1st and 2nd tarsal bones. While ACOEM recommends corticosteroid injections for patients with Morton's neuroma, the patient was noted to have undergone 21 sessions of physical therapy postoperatively with continued constant pain in the left foot and ankle during activities such as walking, standing and stair climbing. Given the above and the documentation of exceptional factors, the request for 1 cortisone injection of 80 mg of Depo-Medrol and local anesthetic injected into the tarsal bone is medically necessary.