

Case Number:	CM13-0018288		
Date Assigned:	07/02/2014	Date of Injury:	09/12/2011
Decision Date:	08/18/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	08/29/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 55 year old male with date of injury of September 12, 2011. The injured worker has undergone a left 3rd interim metatarsal space neurotomy. In the clinical notes dated August 14, 2014, there is documentation of associated post-operative stiffness and edema. In addition, there is documentation of tenderness over the surgical site with some in duration. The request is for 2 cortisone injections in the left foot which utilization review noncertified on 08/22/2013. The utilization reviewer had cited ACOEM Guidelines, Ankle and Foot Complained, which they argued had no provision for cortisone injections in this clinical context.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection x 2, left foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 369-371.

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 (ACOEM), 2nd Edition, (2004) Foot and Ankle Chapter, page(s) 369-371 state the following: 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. In the case of this injured worker, the progress note dated August 30, 2013 states the rationale for injection was to help reduce scarring in the postoperative phase. The requesting provider specifies that cortisone reduces scar tissue and draws an analogy to the intro lesion on keloid injection. However, evidence based guidelines and national guidelines do not recommend steroid injections for this purpose. Therefore, this request is not medically necessary.