MAXIMUS Federal Services

Case Number:	CM13-0020339		
Date Assigned:	12/27/2013	Date of Injury:	03/18/2009
Decision Date:	03/24/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/05/2013

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 Anesthesiology and is licensed to practice in Florida. 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 45-year-old male who reported an injury on 03/18/2009 after he was reportedly struck by falling merchandise which injured his left foot. MRI of the left foot was performed on 09/27/2013 which noted subtle soft tissue edema visualized in the dorsal aspect of the 3rd digit, which may be related to soft tissue injury. The appearance with signal characteristics is not typical for a neuroma and there were osteoarthritic changes visualized. On the interim report dated 10/22/2013, the physician noted he reviewed the MRI and stated there was evidence of tenosynovitis involving the extensor digitorum longus with fluid, as well as possible capsulitis and regarding whether the patient had a neuroma or not is inconclusive based on the MRI. The patient presented for ongoing complaints of pain in his left foot pointing towards the 3rd intermetatarsal space of his left foot. The patient was seen again on 11/05/2013 with noted limping, use of cane, and further complaints of left foot pain. On the supplemental report dated 11/11/2013, the patient was diagnosed with left foot strain, left ankle strain, pes planus, plantar fasciitis, and internal derangement of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Retrospective 1 outpatient office visit for injection of Corticosteroid to the left foot: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Office Visits.

Decision rationale: On the interim report dated 06/18/2013, the patient was authorized for 1 steroid injection for his injured foot. Under the medical followup, it states no return appointment has been scheduled as one appointment was authorized with no future appointments being authorized. Because the patient was scheduled to have the injection performed on 06/18/2013, the retrospective office visit for 07/16/2013 is not deemed medically necessary. Although Official Disability Guidelines supports office visits when they are medically necessary, there was no rationale for the subsequent visit on 07/16/2013. As such, the requested service is non-certified