

Case Number:	CM13-0026967		
Date Assigned:	11/22/2013	Date of Injury:	12/24/2011
Decision Date:	01/22/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/20/2013

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 Physical Medicine & Rehabilitation 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 20-year-old male who reported injury on 12/24/2011, with a mechanism of injury being the patient's foot was run over by a minivan. The patient's pain level was noted to be 3/10. The patient was noted to have left first MTP pain, which was unchanged and described as throbbing. The patient was noted to have joint stiffness and the left great toe MTP joint had 42 degrees of motion. The patient was noted to have soft tissue pain of the great toe. The diagnosis was noted to include extensor hallucis longus tendonitis, capsulitis of the foot, and neuritis. The request was made for a fluoroscopically-guided injection to the left first MP joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

A fluoroscopy guided injection to the first MP joint: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Foot and Ankle Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 376.

Decision rationale: ACOEM Guidelines do not recommend repeated or frequent injections for ankle or foot disorders. It recommends injections of steroids for patients with point tenderness

and Morton's neuroma, plantar fasciitis and patients with a subacute heel spur. Clinical documentation submitted for review indicated the patient had AP and lateral x-rays of the left toe that revealed mild osteophyte dorsally and a small spur in the proximal phalanx. The patient was noted to have left first MTP pain which was unchanged and described as throbbing. The patient was noted to have joint stiffness in the left great toe MTP joint and to have 42 degrees of motion. The patient was noted to have soft tissue pain of the left great toe. The patient was noted to have neuritis, but it was noted the patient had a Tinel's sign to the dorsal medial cutaneous nerve on the left first MPJ level. There was noted to be a palpable cord with dysesthesia dorsal medial first MPJ left. The patient was noted to be limping and had physical therapy. While the patient was not noted to have a subacute Morton's neuroma, the patient was noted to have neuritis and capsulitis; and clinical documentation submitted for review provided exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for an injection to the left first MP joint would be supported. However, there was a lack of documentation indicating the necessity for fluoroscopy. Given the above, the request for a fluoroscopically-guided injection to the left first MP joint is not medically necessary.