

Case Number:	CM13-0037235		
Date Assigned:	05/14/2014	Date of Injury:	03/18/2010
Decision Date:	09/17/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/26/2013

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 and Rehabilitation, Pain Medicine and is licensed to practice in Texas and Ohio. 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 40-year-old female, who reported an injury on 03/18/2010 due to a trip and fall. On 04/12/2013, the injured worker presented with left foot and ankle pain. Prior surgery included a craniostylosis correction. Upon examination of the left foot, there was tenderness in the left dorsal lateral midfoot and pain with plantar flexion range of motion of the forefoot. There was no restriction with range of motion of the subtalar joint, metatarsal joint, or ankle joint. There was a slightly antalgic gait, favoring the left foot. It was deferred deep tendon reflexes. An MRI performed on 10/14/2010 revealed marrow edema of the 4th metatarsal base with a T1 signal intensity medial to the 4th metatarsal base. An MRI scan performed on 04/22/2010 revealed edema of the cuboid, flexor digitorum brevis muscle strain, and marrow placement at the lateral cuneiform with soft tissue edema. The diagnosis for 3 years remained status post left foot sprain with chronic midfoot arthralgia. Prior therapy included surgery and the use of a boot. The provider recommended a second pair of orthotics and 2 cortisone injections for the left foot. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

SECOND PAIR OF ORTHOTICS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 367-377.

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

Decision rationale: The request for a second pair of orthotics is not medically necessary. The California MTUS/ACOEM Guidelines state prolonged support or bracing without exercise is not recommended due to the risk of debilitation. The Official Disability Guidelines further state that orthotic devices are recommended for plantar fasciitis or for foot pain in rheumatoid arthritis. There is lack of documentation that the injured worker has a diagnosis congruent with the guideline recommendation for orthotics. Additionally, the efficacy of the prior use of orthotics was not provided. There is lack of exceptional factors provided in the documentation submitted to support approving outside the guideline recommendation. As such, the request is not medically necessary.

2 CORTISONE INJECTIONS FOR LEFT FOOT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 367-377.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371 and 376-377.

Decision rationale: The request for 2 cortisone injections for the left foot is not medically necessary. The California MTUS/ACOEM Guidelines state that for injured workers with point tenderness in the area of the heel spur, plantar fasciitis, or Morton's neuroma, local injections with lidocaine and cortisone solutions may be recommended. Invasive techniques have no proven value, with the exception of cortisone injections into the affected area in injured workers with plantar fasciitis or heel spur if a 4 to 6 week period of conservative therapy is ineffective. There is lack of documentation of previous conservative measures provided and efficacy of the previous measures. As such, the request is not medically necessary.