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| Case Number: | CM13-0043317 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 09/07/2008 |
| Decision Date: | 03/05/2014 | UR Denial Date: | 10/15/2013 |
| Priority: | Standard | Application | 10/23/2013 |

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 Pain Management, has a subspecialty in Disability Evaluation 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 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 case involves a 52-year-old female, with a date of injury of 09/07/08. The patient has a diagnosis of bilateral stress metatarsal fractures and right Morton's neuroma. Exam of 9/16/13 show patient continue to have back pain. She is also continuing to take Oxycodone prescribed for pain. In the most recent medical report dated 10/23/2013, the patient states she has continued pain in her left foot increased with standing and walking. The patient states she continues with swelling in her left foot and ankle. The patient states she continues with a cane to help give her stabilization and also to help take weight off the left foot. The patient states she gets lots of pain in the bottom of her foot near the toes (sulcus area). The patient states she gets increased pain in this area with walking and standing and has areas of swelling in this area also. The patient continues with pain on the top of the foot in the middle and gets swelling in this area also. The patient states she continues with pain in the front of the ankle and also on the bottom of her foot and in the arch area. The patient continues with medication. She takes Roxicodone and states that she takes this once or twice a day, but it really continues to not really help her. The patient relates that she continues to get increased swelling with standing and walking. The patient states that she continues with low back pain, increased with standing and walking. The patient states that she continues to be depressed, and feels that she has motivational problems because of this. The patient relates that the toes are numb on her left foot. The objective findings were: Vital Signs: Blood Pressure: 103/77; Pulse: 80; Temperature: 96.4. The patient continues to have pain with palpation of the low back paraspinal muscles. The patient has pain with palpation of the second and third metatarsals consistent with stress fracture on the right side and also the left side. The patient has pain with palpation of the sinus tarsi on the left side. The patient walks with an antalgic gait. The patient has severe pain with palpation of the left second and third interspace on the plantar aspect. There is +2-3/4 swelling is noted in each of these areas. This is consistent with

neuroma. A musculoskeletal examination indicated that the patient demonstrated hammertoe deformities of the second through fifth toes bilaterally. There are of soft tissue nature. The patient demonstrates mild bunion deformity bilaterally. Dermatological examination of the patient's skin is smooth and supple and without evidence of fissure or ulcers. The patient's nails are within normal limits in regards to thickness. Neurological examination indicates that the patient has decreased sensation of sharp dull and light touch on the left toes as compared to the right. The patient demonstrates scar formation located over the first interspace. The patient demonstrates peeling skin and erythema in the bilateral feet, in a moccasin distribution. The diagnoses include stress fracture of the bilateral feet, neuroma of the second and third interspace left, capsulitis, and periostitis. The treatment/plan indicates that the patient underwent injection on this date directed to the left second interspace at the neuroma. This injection consisted of 0.5 ml of Lidocaine, 0.5 ml of Marcaine and 0.5 ml of methyl prednisone. The patient will be appropriately seen back in one week for a second injection that will be directed to the third inner space. This is a written request for authorization for the aforementioned follow-up. The patient requires follow-up visit. This follow-up visit is per the ACOEM Guidelines. This is necessary to maintain appropriate treatment relationship with the patient. This is a written request for authorization for the aforementioned follow-up visit. The patient is encouraged to continue current care in the form of home exercises, stretches and medication. The patient is advised to continue to follow her pain specialist's direction. The patient is encouraged to continue current care in the form of home exercises, stretches and medication. The patient is advised to continue to follow her pain specialists' direction for medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic ultrasound of the bilateral feet: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation ODG-TWC, Ankle and Foot Procedure.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 373. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC, Ankle and Foot (Acute and Chronic) (Updated 12/19/2013), Ultrasound, diagnostic.

Decision rationale: The MTUS/ACOEM Guidelines indicate that for most cases presenting with true foot and ankle disorders, special studies are usually not needed. There is no clinical rationale provided to justify a diagnostic procedure in this patient when a diagnosis of stress fracture of the metatarsals is already made. The guidelines also indicate that for most cases presenting with true foot and ankle disorders, special studies are usually not needed until after a period of conservative care and observation. Most ankle and foot problems improve quickly once any red-flag issues are ruled out. Routine testing, such as laboratory tests, plain-film radiographs of the foot or ankle, and special imaging studies are not recommended during the first month of activity limitation, except when a red flag noted on history or examination raises suspicion of a dangerous foot or ankle condition or of referred pain. The Official Disability Guidelines indicate that "Compared with MRI, diagnostic ultrasound is useful but less accurate and sensitive." The request does not meet guideline criteria.

