

Case Number:	CM13-0043338		
Date Assigned:	01/15/2014	Date of Injury:	07/06/2009
Decision Date:	05/02/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/24/2013

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 and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 44 year old female with a date of injury of 07/06/2009. The listed diagnoses per [REDACTED] are: 1. Lumbar radiculopathy 2. Stenosis, lumbar spine 3. Degenerated disc disease, thoracic spine 4. Obesity This patient is status post exostectomy of the left foot on 02/11/2013. According to report dated 07/09/2013, the patient complains of ongoing lower back pain, leg pain and weakness. Description of pain includes sharp, dull/aching, throbbing, pins and needles, stabbing, numbness, electrical/shooting, burning, stinging, cramping, weakness and spasm. Previous treatments include narcotic pain medication and physical therapy. The patient complains mostly of pain in the mid arch and the toes. Objective findings include mild pain to the medial subtalar join on the left foot. Mild pain with ROM to the STJ. Pain with dorsiflexion of the foot at the ankle. Pain to the "TA" to the left extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 PHYSICAL THERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines POST OPERATIVE THERAPY.

Decision rationale: This patient presents with lower back pain, leg pain and weakness. The patient is status post exostectomy of the left foot on 02/11/2013. The request is for 8 physical therapy session without a specific body part. This patient is being treated for low and mid back pain, leg pain and is status post foot surgery. Request for Authorization dated 07/29/2013 states request is for "2x4 industrial physical therapy." There is a progress report dated 07/09/2013 that states patient presents for a recheck of the left foot and complains of low back and leg pain. The report states "continue physical therapy treatment." MTUS post-operative therapy guidelines do not specifically address exostectomy, or removal of bony growth. However, for hammer toe, hallux varus/valgus surgeries 9 visits are recommended over 8 weeks with treatment period of 4 months. In this patient, reports show that the patient had 10 sessions of therapy from 4/1/13 to 6/6/13 Final Determination Letter for IMR Case Number CM13-0043338 4 following surgery. There are no discussion as to what more is needed with additional therapy. No specific functional deficits such as gait/ambulation needs are described to warrant further therapy. Reports further show that the patient had 5 additional sessions of therapy from 6/19/13 to 7/17/13. The patient appears to have had enough therapy for this type of condition. The request is denied.

1 INJECTION OF DEXAMETHASONE SOD PHOSPHATE 1MG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation (ODG) OFFICIAL DISABILITY GUIDELINES, ANKLE AND FOOT

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) INJECTIONS (COTICOSTEROIDS)

Decision rationale: This patient presents with lower back pain, leg pain and weakness. The patient is status post exostectomy of the left foot on 02/11/2013. The request is for an injection of Dexamethason Sod Phosphate. Review of reports from 01/04/2013 to 01/15/2014 does not provide any discussions on Dexamethason Sod Phosphate injection. There is no Request for Authorization provided. The ACOEM and MTUS do not discuss corticosteroid injections for the feet. However ODG has the following under Injections (corticosteroid), "Not recommended for tendonitis or Morton's Neuroma, and not recommend intra-articular corticosteroids. Heel pain (plantar fasciitis): Under study. There is no evidence for the effectiveness of injected corticosteroid therapy for reducing plantar heel pain. Tendon (Achilles tendonitis): Not recommended. Cortisone injections in the area of the Achilles tendon are controversial because cortisone injected around the tendon is harmful and can lead to Achilles tendon ruptures. Morton's Neuroma: Not recommend corticosteroid injections. There are no RCTs to support corticosteroid injections in the treatment of Morton's Neuroma. (Thomson, 2004) Intra-articular corticosteroids: Not recommended. Most evidence for the efficacy of intra-articular corticosteroids is confined to the knee, with few studies considering the joints of the foot and ankle." In this case, there is some residual pain and discomfort noted following patient's 2/11/13 exostectomy. It is not known what is to be accomplished with cortisone injection. ODG guidelines do not support cortisone injections for most cases of foot/ankle problems. The request is denied.

1 INJECTION OF TRIAMCINOLONE ACETONIDE PER 10 MG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 14, 369, 371.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) INJECTIONS (CORTICOSTEROID)

Decision rationale: This patient presents with lower back pain, leg pain and weakness. The patient is status post exostectomy of the left foot on 02/11/2013. The request is for an injection of Triamcinolone Acetonide. Review of reports from 01/04/2013 to 01/15/2014 does not provide any discussions regarding this injection. There is no Request for Authorization provided. The ACOEM and MTUS do not discuss corticosteroid injections for the feet. However ODG has the following under Injections (corticosteroid), "Not recommended for tendonitis or Morton's Neuroma, and not recommend intra-articular corticosteroids. Heel pain (plantar fasciitis): Under study. There is no evidence for the effectiveness of injected corticosteroid therapy for reducing plantar heel pain. Tendon (Achilles tendonitis): Not recommended. Cortisone injections in the area of the Achilles tendon are controversial because cortisone injected around the tendon is harmful and can lead to Achilles tendon ruptures. Morton's Neuroma: Not recommend corticosteroid injections. There are no RCTs to support corticosteroid injections in the treatment of Morton's Neuroma. (Thomson, 2004) Intra-articular corticosteroids: Not recommended. Most evidence for the efficacy of intra-articular corticosteroids is confined to the knee, with few studies considering the joints of the foot and ankle." In this case, there is some residual pain and discomfort noted following patient's 2/11/13 foot exostectomy. It is not known what is to be accomplished with cortisone injection. ODG guidelines do not support cortisone injections for most cases of foot/ankle problems. The request is denied.

1 INJECTION OF TENDON SHEATH LEFT SIDE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation (ODG) OFFICIAL DISABILITY GUIDELINES, ANKLE AND FOOT

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) INJECTIONS (CORTICOSTEROID)

Decision rationale: This patient presents with lower back pain, leg pain and weakness. The patient is status post exostectomy of the left foot on 02/11/2013. The request is for an injection to the tendon sheath on the left side. Review of reports from 01/04/2013 to 01/15/2014 does not provide any discussions regarding this "injection" or any tendon sheath issues. There is no Request for Authorization provided. It is presumed that the injection is for pain in the tendon sheath around the left foot. The ACOEM and MTUS do Final Determination Letter for IMR Case Number CM13-0043338 6 not discuss corticosteroid injections for the feet. However ODG

guidelines do not support corticosteroid injections for tendonitis, Morton's neuroma (a perineural sheath fibrosis, similar to tendon sheath fibrosis), plantar fasciitis, Achilles tendonitis. Given the lack of support from the guidelines, the request is denied.

1 INJECTION TO THE LEFT STJ AT THE SINUS TARSEI LEVEL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) INJECTIONS (CORTICOSTEROID)

Decision rationale: This patient presents with lower back pain, leg pain and weakness. The patient is status post exostectomy of the left foot on 02/11/2013. The request is for an injection to the "left SIJ at the sinus tarsi level." Report dated 07/09/2013 states treatment of plan for patient's ankle joint pain is "injection to the left STJ at the sinus tarsi." It is presumed that the injection is a corticosteroid injection for pain. The ACOEM and MTUS do not discuss corticosteroid injections for the feet. However ODG has the following under Injections (corticosteroid), "Not recommended for tendonitis or Morton's Neuroma, and not recommend intra-articular corticosteroids. Heel pain (plantar fasciitis): Under study. There is no evidence for the effectiveness of injected corticosteroid therapy for reducing plantar heel pain. Tendon (Achilles tendonitis): Not recommended. Cortisone injections in the area of the Achilles tendon are controversial because cortisone injected around the tendon is harmful and can lead to Achilles tendon ruptures. Morton's Neuroma: Not recommend corticosteroid injections. There are no RCTs to support corticosteroid injections in the treatment of Morton's Neuroma. (Thomson, 2004) Intra-articular corticosteroids: Not recommended. Most evidence for the efficacy of intra-articular corticosteroids is confined to the knee, with few studies considering the joints of the foot and ankle." In this case, ODG does not support this injection in joints of the foot or ankle. The request is denied.