

<b>Case Number:</b>	CM13-0050793		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/18/2012
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 and Rehabilitation 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 patient is a 35-year-old female who reported a work-related injury on 12/18/2012, after falling off the top of a ladder, directly onto her left foot. The patient complains of severe pain over the left foot and difficulty with ambulation. MRI of the left foot revealed evidence of microfracture and bone edema at the first metatarsal head area, as well as capsular hypertrophy of the metatarsophalangeal joint region. A request has been made for a decision for cortisone injection to the left foot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cortisone Injection left foot:** Upheld

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

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

**Decision rationale:** Per clinical note dated 06/11/2013, the patient's diagnoses included thoracic/lumbar spine degenerative disc disease, and left foot plantar fasciitis. Physical exam of the patient's left foot revealed positive tenderness to palpation and positive edema noted in the first MP joint. There was decreased range of motion of the MP joint due to pain. There

appeared to be an old fracture to the fourth and fifth metatarsal head, which had healed. There was also a heel spur noted on exam. California Medical Treatment Guidelines state that local injection of lidocaine and cortisone solution may be recommended for patients with point tenderness in the area of a heel spur, plantar fasciitis, or Morton's neuroma. Per physical exam of the patient, she was noted to have tenderness to palpation and positive edema noted to the first MP joint, and pain over the left foot. There was no evidence given the patient had tenderness in the area of her heel spur or had signs and symptoms of plantar fasciitis. There was no rationale provided for the injection in the submitted documentation. The clinical documentation submitted for review does not support the request for a cortisone injection to the left foot. Therefore, the request is non-certified.