

Case Number:	CM13-0068811		
Date Assigned:	01/03/2014	Date of Injury:	08/15/2012
Decision Date:	04/21/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/19/2013

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 Orthopedic Surgery and Hand Surgery 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 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 43-year-old male who reported an injury on 08/15/2012. The patient reportedly sustained a crush injury to the left foot. The patient is diagnosed with metatarsal fracture, metatarsalgia, foot pain, and chronic pain. A request for authorization was submitted on 11/19/2013 for a left tarsal tunnel and peroneus longus tendon injection between 11/22/2013 and 01/06/2014. However, the latest physician progress report submitted for review is documented on 09/23/2013 by [REDACTED]. The patient reported ongoing lower back pain as well as numbness into the left lower extremity with pain down into the ankle and foot. Physical examination revealed diffuse tenderness about the left ankle with pain on positioning, tenderness in the metatarsal joints, tenderness in the tibia and ankle junction, weakness, and intact sensation. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT TARSA TUNNEL AND PERONEUS LONGUS TENDOM INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques have no proven value, with the exception of corticosteroid injection into the affected webspace in patients with Morton's neuroma or into the affected area in patients with plantar fasciitis or heel spur if 4 to 6 weeks of conservative therapy is ineffective. As per the documentation submitted, there is no evidence of this patient's failure to respond to conservative treatment prior to the request for an invasive procedure. Additionally, the patient does not maintain a diagnosis of Morton's neuroma or plantar fasciitis. Based on the clinical information received and the California MTUS/ACOEM Practice Guidelines, the request is non-certified.