

Case Number:	CM13-0070369		
Date Assigned:	01/03/2014	Date of Injury:	12/01/2011
Decision Date:	04/24/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/24/2013

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, has a subspecialty in Pain Medicine 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 female who reported an injury on 12/01/2011. The mechanism of injury was not stated. The patient is currently diagnosed with neuroma in the 2nd, 3rd, and 4th MIS in the bilateral feet, metatarsalgia of bilateral feet, plantar calcaneal bursitis of the right foot, small anterior tibial tendinitis of the left lower extremity, lateral MTJ dysfunction/cuboid syndrome in bilateral feet, plantar fasciitis in the right foot, functional instability of the cuboid, pes cavus in bilateral feet, equinus/tightness of bilateral calf and hamstring musculature, excessive and severe pronation/eversion syndrome, pain in the bilateral limbs, edema in bilateral ankles and feet, onychomycosis bilaterally, and tinea pedis bilaterally. The patient was seen by [REDACTED] on 09/06/2013. The patient reported persistent left foot pain. The patient has been non-compliant with ice therapy. The patient has participated in calf and hamstring muscle stretching exercises, as well as athletic shoe gear. Physical examination on that date revealed positive Tinel's and Phalen's sign, 1 to 2+ edema, positive Mulder's sign, severe tenderness to palpation at the plantar ball of the right foot, and positive crepitus about the plantar fascia with a slight increase in warmth. Treatment recommendations at that time included a prescription for foot orthotics to replace the current pair, continuation of current medication, and a series of up to 7 absolute 4% alcohol injections into the left foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT FOOT 3RD MIS: ABSOLUTE (4%) ALCOHOL INJECTION SERIES, QTY: 7.00:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 1039-1041. Decision based on Non-MTUS Citation ODG Ankle & foot, Injections Under Study

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter, Injections

Decision rationale: As per the documentation submitted, the patient reports ongoing pain. However, there is no documentation of a recent failure to respond to conservative treatment including physical therapy and a home exercise program. There were no imaging studies or electrodiagnostic reports submitted for review. Additionally, the current request for a series of 7 injections cannot be determined as medically appropriate, as the patient's condition and response to treatment would require reassessment before further treatment was administered. Based on the aforementioned points, the current request is non-certified.

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