

<b>Case Number:</b>	CM14-0104011		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	07/31/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 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 claimant is a 50-year-old female who injured her right ankle in a work-related accident on July 31, 2013. The records available for review include the May 28, 2014, progress report noting that the claimant underwent a sympathetic blockade to the right lower extremity for treatment of complex regional pain syndrome. Ongoing work-related right foot complaints, including pain, are noted. Prior to the blockade, the claimant was treated with physical therapy, splinting, orthotics, acupuncture and activity restrictions. Objective findings in the right lower extremity include diffuse tenderness, temperature changes in vasoconstrictive patterns, as compared to the left lower extremity. Benefit from the injection is not documented. At a June 6, 2014, assessment, physical examination showed continued moderate tenderness to the foot with diffuse swelling and tenderness to palpation, restricted range of motion and temperature changes. The claimant was diagnosed with hyperextension injury to the right foot with chronic arthralgias and complex regional pain syndrome. This request is for a steroid injection to the gutter of the right foot and 12 sessions of post-injection physical therapy for the right lower extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cortisone injection to the gutter of the right foot.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Cortisone injections For Heel Pain.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370.

**Decision rationale:** California MTUS ACOEM Guidelines would not support continued injection therapy for the foot. ACOEM Guidelines recommend isolated corticosteroid injections for inflammatory-related diagnoses like Morton's neuroma and plantar fasciitis. There is no indication for injection in a claimant with complaints of chronic regional pain syndrome who has failed considerable conservative care, including prior injections, stellate ganglion blocks, physical therapy and immobilization. Given the claimant's clinical presentation, this request would not be indicated as medically necessary.

**Post injection physical therapy to the right lower extremity for twelve sessions.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines: Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** California MTUS Chronic Pain Guidelines would not support further physical therapy in this case. The reviewed records state that the claimant has already undergone a considerable course of physical therapy for the foot and ankle, yet current clinical findings showing no significant change in symptoms. There is also no documentation in the records indicating why the claimant would not be able to engage in a home-exercise program. For these reasons, the request for 12 additional sessions of physical therapy would not be supported as medically necessary.