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| Case Number: | CM14-0011382 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 08/11/2004 |
| Decision Date: | 06/25/2014 | UR Denial Date: | 01/15/2014 |
| Priority: | Standard | Application Received: | 01/29/2014 |

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 Podiatry, 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 injured worker is a 70 year old female who reported an injury on 8/11/04. The mechanism of injury was not provided in the clinical documentation submitted. The clinical note dated 1/7/14 reported that the injured worker complained of left foot, heel and ankle pain. The injured worker reported that the pain was worse across the top of the ankle. The injured worker received a cortisone injection which seemed to help for a short time. The physical exam noted tenderness to palpation of the feet with a positive tarsal tinel's sign. The left foot range of motion was mildly restricted. The physician also noted sharp dull testing showed decrease in sensation over the left common peroneal nerve and there was atrophy of the calf on the left side. The injured worker had diagnoses of localized primary osteoarthritis of the left talocalcaneal joint, tarsal tunnel syndrome and common peroneal nerve palsy of the left leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND MEDICINE CREAM FOR PERIPHERAL NEUROPATHIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The injured worker is a 70 year old female who reported an injury on 8/11/04. The mechanism of injury was not provided in the clinical documentation submitted. The clinical note dated 1/7/14 reported that the injured worker complained of left foot, heel and ankle pain. The injured worker reported that the pain was worse across the top of the ankle. The injured worker received a cortisone injection which seemed to help for a short time. The physical exam noted tenderness to palpation of the feet with a positive tarsal tinel's sign. The left foot range of motion was mildly restricted. The physician also noted sharp dull testing showed decrease in sensation over the left common peroneal nerve and there was atrophy of the calf on the left side. The injured worker had diagnoses of localized primary osteoarthritis of the left talocalcaneal joint, tarsal tunnel syndrome and common peroneal nerve palsy of the left leg.