

Case Number:	CM14-0017407		
Date Assigned:	04/14/2014	Date of Injury:	01/08/2012
Decision Date:	07/15/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/11/2014

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 Internal Medicine and is licensed to practice in New York. 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 66 year old male who was injured on 01/01/2012 sustaining injury to his right knee and left foot. Mechanism of injury is unknown. His diagnoses include dislocated metatarsal-phalangeal joints 2-5 left hammertoes 2-5, left chondromalacia patella, right synovitis of the 2nd MP joint secondary to the primary diagnosis of the 2nd MP joint. Prior treatment history has included the patient being treated with corticosteroid injections and custom orthotics and the pain was mostly relieved. He underwent knee surgery in June of 2013. He also received physical therapy and acupuncture. Progress note dated 01/27/2014 documented the patient had an increase in painful symptoms in the left forefoot over the course of the last two months. The patient has been treated for a diagnosis of dislocation of the metatarsal phalangeal joints 2 through 5 on the left which was a work-related injury. He had been favoring the left foot and putting more of his weight on the left foot while recovering from his right knee surgery. The patient states that the left foot has been improving with less pain in the last month. Objective findings on exam reveal there is pain on compression of the second and third metatarsal heads. The toes are contracted dorsally on the left foot. There is reduced flexion motion available in the right knee. The left foot pain is a flare-up of his previous work-related injury and is caused by the patient placing more weight on the left foot after recovering from right knee surgery. The left orthotic was modified with addition forefoot padding cushion the metatarsal head. The patient will remain at relative rest. The provider requests the patient receive a new pair of custom orthotics and extra depth shoes. The patient may require a corticosteroid injection x2 if the pain persists. The patient is to return in two weeks. Progress note dated 03/17/2014 documents the patient presents for dispense of new custom molded foot orthotics along with a pair of extra depth orthopedic shoes. The patient is under treatment for painful metatarsal phalangeal joints 2 through 5 on the left along with painful hammertoes that were injured during the course of his

employment. He had an aggravation of his painful symptoms 2 months previously and the patient needed new orthotics and shoes. He is undergoing physical therapy presently for his right knee injury and surgery that was also work related. He is doing better with less right knee pain. Objective findings on exam reveals the orthotics appear to fit the foot well. There is good contour to the medial arch. The patient states that the orthotics and shoes feel very comfortable. The treating provider has requested corticosteroid injection x 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

CORTICOSTEROID INJECTION X 2: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Ankle & Foot (Acute and Chronic), Injections (corticosteroid).

Decision rationale: California MTUS guidelines do not discuss the issue in dispute and hence ODG have been consulted. In this case, there is documentation that the patient had flareup of left foot pain after right knee surgery. The patient has painful metatarsophageal joints 2 through 5 on the left along with painful hammertoes. However, as per ODG, corticosteroid injections are not recommended for treatment of tendonitis or Morton's neuroma. There is no documentation that the claimant has tried and failed first-line treatment to the left foot such as physical therapy or NSAIDs before considering the corticosteroid injections. He has been tolerating the use of his orthotics. Medical necessity for the requested item has not been established. The requested item is not medically necessary.