

Case Number:	CM14-0130367		
Date Assigned:	08/20/2014	Date of Injury:	12/16/2013
Decision Date:	10/01/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/15/2014

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 Mississippi. 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 53-year-old female who was reportedly injured on December 16, 2013. The mechanism of injury was noted as a puncture wound type event. The most recent progress note dated July 11, 2014, indicated that there were ongoing complaints of foot pain. The history included a hospitalization for infection and a history of diabetes. The physical examination demonstrated decreased sensation, tenderness to palpation and a slight loss of digit range of motion. Diagnostic imaging studies objectified degenerative osteophyte and osteoarthritic changes. Previous treatment included multiple medications, physical therapy, injection therapies and pain management interventions. A request was made for alcohol sclerosing injections and was not certified in the pre-authorization process on July 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alcohol Sclerosing injections times 6 (x6): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmed/10614611>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Foot & Ankle International June 2011 vol. 32 no. 6 576-580

Decision rationale: It is noted that such an injection is not addressed in the California Medical Treatment Utilization Schedule, American College of Occupational and Environmental Medicine guidelines or the Official Disability Guidelines. A literature search found a citation as noted above. This citation clearly established that such an injection model is not effective in dealing with the lesion identified. Therefore, the medical necessity for such an injection is not established. The request for Alcohol Sclerosing Injections times 6 (x6) is not medically necessary.