

<b>Case Number:</b>	CM14-0131622		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	12/04/2013
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 31 year old female with a 12/4/13 injury date. She stepped down awkwardly on her right foot while making a quick turn carrying a heavy tray. In a follow-up on 6/26/14, subjective complaints included discomfort in the right sinus tarsi area of the foot and bruising. Objective findings included no bruising, intact muscle strength, and tenderness to palpation in the sinus tarsi area. EMG/NCS of the right lower extremity on 5/8/14 was normal. Right foot xrays on 12/13/13 were normal. Right foot MRI on 12/16/13 was essentially negative. Diagnostic impression: right sinus tarsi syndrome, complex regional pain syndrome (CRPS), right leg/foot. Treatment to date: crutches, physical therapy (six visits), medication management. A UR decision on 7/15/14 denied the request for sinus tarsi injection on the basis that there is limited evidence on the efficacy of cortisone injections for sinus tarsi syndrome. The same decision denied the request for a custom orthosis on the basis that guidelines support custom orthoses for a diagnosis of plantar fasciitis and metatarsalgia. The request for cast supplies was denied on the basis that cast immobilization is not recommended in the absence of a clearly unstable joint or a severe ankle sprain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cortisone injection, sinus tarsi, series of 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation ODG-Ankle & Foot.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

**Decision rationale:** CA MTUS states that invasive techniques (e.g., needle acupuncture and injection procedures) have no proven value, with the exception of corticosteroid injection into the affected web space in patients with Morton's neuroma or into the affected area in patients with plantar fasciitis or heel spur if four to six weeks of conservative therapy is ineffective. There does not appear to be any evidence on the efficacy of cortisone injections in the treatment of sinus tarsi syndrome. Therefore, the request for cortisone injection, sinus tarsi, series of 2, is not medically necessary.

**Custom orthotics/case impression for orthotics, left foot:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

**Decision rationale:** CA MTUS states that rigid orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. However, there is no rationale for custom orthotics. It is unclear whether a trial of pre-fabricated orthotics has failed or why pre-fabricated orthotics would be insufficient. There is limited evidence that custom orthoses are useful in the treatment of sinus tarsi syndrome. Therefore, the request for Custom orthotics/case impression for orthotics, left foot, is not medically necessary.

**cast supplies:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

**Decision rationale:** CA MTUS states that rigid orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. However, there is no rationale for custom orthotics. It is unclear whether a trial of pre-fabricated orthotics has failed or why pre-fabricated orthotics would be insufficient. There is limited evidence that custom orthoses are useful in the treatment of sinus tarsi syndrome. Since the request for custom orthotic/cast impression could not be approved, the request for cast supplies is not necessary. Therefore, the request for cast supplies is not medically necessary.