

Case Number:	CM14-0135210		
Date Assigned:	09/12/2014	Date of Injury:	07/13/1983
Decision Date:	10/06/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/21/2014

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 Podiatric surgery 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:

According to the enclosed information, the original date of injury for this patient was 7/13/1983. The patient's diagnoses include ankle arthritis and tarsal spur. On 1/20 and 3/29/2012 the pt underwent ankle surgery. On 5/12/2014 patient visits his podiatrist for evaluation of muscle aches swelling in his extremities. He relates right-sided ankle pain and swelling. Pain is noted at 7/10. The pain is sharp and shooting and located laterally. Inspection of the right foot reveals swelling and induration. There is soft tissue swelling at the right calcaneal cuboid joint. Right lower extremity skin is thin and demonstrates varied pigmentation. That day patient received an injection into the right calcaneal cuboid joint. Future care may include an AFO, orthotics, and possibly arthroscopy. Patient was also advised to return in two weeks for follow-up injection to the calcaneal cuboid joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription orthotics: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (<http://www.odg-twc.com/odgtwc/ankle.htm>)

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

Decision rationale: After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that the decision for prescription orthotics is not medically reasonable or necessary for this patient at this time. Patient has multiple diagnoses included in these chart notes, including ankle arthritis, Tarsal spur, in growing toenails and unequal limb length. MTUS guidelines state that orthotics the utilized for patients who suffer with pain from plantar fasciitis and or metatarsalgia. This patient does not have documentation that he suffers with either of these elements therefore prescription orthotics cannot be recommended.

Scanning of foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: After careful review of pertinent MTUS guidelines for this case, it is my feeling that the decision for "scanning of foot" is not medically reasonable or necessary at this time. The process of scanning the foot is part of the process of creating orthotics for a patient. The MTUS guidelines do not recommend orthotics for this patient, therefore scanning of the foot for the creation of orthotics cannot be recommended.

Physical Pert test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.supercoder.com/coding-newsletters/my-physical-medicine-rehab-coding-alert/reader-questio-can-pt-bill-muscle-testing>

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: American chiropractic Association website, coding clarification

Decision rationale: After careful review of the enclosed information and the pertinent guidelines for this case, it is my feeling that the decision for a "physical Pert test" is not medically reasonable or necessary as a separate billable procedure. This test involves separate manual muscle testing. The physical exam noted in the enclosed chart notes advises of muscle testing already, therefore further separate muscle testing does not appear medically necessary.

Retrospective right calcaneal cuboid joint injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation <http://www.odg-twc.com/odgtwc/ankle.htm>

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

Decision rationale: After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that the decision for "retrospective right calcaneal cuboid joint injection" is not medically reasonable or necessary for this patient at this time. MTUS guidelines state 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 heelspur if four to six weeks of conservative therapy is ineffective. This patient does not have a diagnosis of plantar fasciitis or Morton's neuroma therefore an injection to the calcaneal cuboid joint cannot be recommended.