

<b>Case Number:</b>	CM14-0144463		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	10/05/2008
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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, has a subspecialty in Emergency Medicine and is licensed to practice in Florida. 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 patient is a 61-year-old with a date of injury of 10/05/2008. A progress report associated with the request for services, dated 07/29/2014 and 08/06/2014, identified subjective complaints of low back and right foot pain. Objective findings included tenderness to palpation of the lumbar spine as well as some secondary sensory and motor deficits. The right foot was noted to have a decrease in range of motion. Diagnoses (paraphrased) included congenital pes planus; chronic pain; tinea pedis; and depression. Treatment had included steroid injections into the foot as well as fungal topical therapy. A Utilization Review determination was rendered on 08/29/2014 recommending non-certification of "Bethamethasone 60ml 0.05%".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bethamethasone 60ml 0.05%:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [Http.www.ncbi.nlm.gov.pubmed/12509578](http://www.ncbi.nlm.gov/pubmed/12509578)

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

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) notes that steroid injections into the affected area of plantar fasciitis is appropriate if unresponsive to conservative

therapy. In this case, the record does not document the purpose, dose, or type of delivery for the requested steroid. As such, the record does not document the medical necessity for Betamethasone.