

Case Number:	CM14-0154596		
Date Assigned:	09/24/2014	Date of Injury:	03/26/2009
Decision Date:	10/24/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/16/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 48 year old with an injury date on 3/26/09. Patient complains of left lower extremity/leg/toe pain per 7/24/14 report. Based on the 7/24/14 progress report provided by [REDACTED] the diagnoses are: 1. neuroma, second interspace left knee 2. hammertoe, second digit, left foot with capsular contracture second MPT joint Exam on 3/26/09 showed "palpable mass in second interspace. Pain in second digit, left foot along the hammering due to damaged nerve." No range of motion testing was included in provided reports. [REDACTED] is requesting physical therapy 3x4 for the left foot and series of 3 cortisone injections for the left foot. The utilization review determination being challenged is dated 7/24/14. [REDACTED] is the requesting provider, and he provided treatment reports from 1/9/14 to 7/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 4 for the left foot: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: This patient presents with left foot/ankle pain. The treating physician has asked for physical therapy 3x4 for the left foot on 7/24/14: "three cortisone injections to decrease swelling/edema." Review of reports does not show any evidence of physical therapy being done in the recent past. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. Given the lack of recent therapy, a course of 10 physical therapy sessions would be indicated, but the requested physical therapy 12 exceeds what MTUS guidelines allow. The request is not medically necessary.

Series of 3 cortisone injections for the left foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371, 376. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Cortisone Injection

Decision rationale: This patient presents with left foot/ankle pain. The treater has asked for series of 3 cortisone injections for the left foot. Review of the reports does not show any evidence of cortisol injections being administered in the past. Regarding cortisone Injections for the knee, ODG recommends for short-term use only. Only one injection should be scheduled to start, rather than a series of three. A second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response. With several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option. In this case, the patient does not present with knee, shoulder, wrist pain, or any other conditions indicated per ODG guidelines. The requested series of 3 cortisone injections for the left foot is not considerably medically necessary. The request is not medically necessary.