

Case Number:	CM14-0156319		
Date Assigned:	09/25/2014	Date of Injury:	04/15/2012
Decision Date:	12/03/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	09/24/2014

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 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 injured worker is a 30-year-old male who sustained an injury on 4/15/12. As per the 8/27/14 report, he presented with foot and ankle pain on the left side. He reported that the posterior tibial tendon and plantar fascia get symptomatic depending on the day and what activities he did throughout the day. Examination revealed pitting edema of the left foot and ankle and some scar tissue and pain along the first metatarsophalangeal joint from the surgical procedure. Three cortisone injections were recommended to decrease the swelling and edema of the plantar fascia and the scar tissue at the surgical site. This is the only available report to review and it does not contain any other information. As per the UR determination notes he was diagnosed with a lesion of the plantar nerve and tarsal tunnel syndrome. The request for three cortisone injections to the left ankle/foot was denied on 9/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three cortisone injections to the left ankle/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 (ODG); Ankle & Foot (Acute and Chronic); Injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle/Foot

Decision rationale: CA MTUS/ACOEM do not address the issue. Per ODG, steroid injection is not recommended for tendonitis, Morton's neuroma, or intra-articular injections. Furthermore, there is no evidence of significant effectiveness of steroid injections for reducing plantar heel pain and the studies have not shown significant pain relief beyond four weeks. Thus, the request for cortisone injections is not medically necessary in accordance to guidelines and based on the submitted records.