

<b>Case Number:</b>	CM14-0029394		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/28/2009
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/08/2014

### 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 & 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 57-year-old female who reported an injury on 08/28/2009. The mechanism of injury was a fall. Within the clinical note dated 02/06/2014 it was reported the injured worker complained of right foot pain under the 2nd toe joint with pain on the dorsum of the foot and pain and tingling of the foot and leg every evening. She rated her pain 10/10 in severity. The injured worker reported her ankle was very unstable and painful. The injured worker reported numbness in her foot with pain and tenderness on the right first MPJ which is nonresponsive to NSAID therapy. Current medication regimen is Lipitor, Lopressor, metoprolol, and Prilosec. The diagnoses include right second MPJ capsulitis, left ankle instability, and left ankle subluxation, right hallux rigidus, and right plantar fasciitis. Previous conservative treatments have included physical therapy and NSAIDs, and steroid injection to the MP joint. The provider requested for a steroid injection MP joint right 2nd toe. However, a rationale was not provided for review. The request for authorization was provided and submitted on 02/06/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**steroid injection MP joint right 2nd toe:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376-377.

**Decision rationale:** The CA MTUS/ACOEM guidelines recommend injections for those with point tenderness in the area of a heel spur, plantar fasciitis, or Morton's neuroma, local injections of lidocaine and cortisone solution. The guidelines do not recommend repeated or frequent injections. The documentation provided indicated the injured worker underwent a second injection on 02/2014. There is a lack of documentation indicating the efficacy of the previous injections. The guidelines do not recommend repeated or frequent injection. Therefore, the request for steroid injection of the MP joint, right 2nd toe is not medically necessary.