

Case Number:	CM14-0040097		
Date Assigned:	06/27/2014	Date of Injury:	10/05/2006
Decision Date:	10/07/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/04/2014

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, has a subspecialty in Pain Management 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:

This is a male patient with a date of injury of October 5, 2006. A utilization review determination dated March 24, 2014 recommends non-certification of cortisone injections X3 for the right foot and physical therapy/massage therapy for the foot for three times per week for four weeks. A progress note dated March 6, 2014 identifies subjective complaints of right foot pain and swelling. Physical examination identifies pain to palpation of the dorsal right foot along the tendon. There are no listed diagnoses. The treatment plan recommends an ultrasound guided cortisone injection into the extensor tendon of the dorsal right foot, a request for three more cortisone injections to decrease pain and swelling in the tendon, and a request for authorization for deep tissue massage and physical therapy will attempt to get control of the patient's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone Injections x 3 for the right foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot, Injections (Corticosteroids)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter, Steroids (injection); Injections (corticosteroid)

Decision rationale: Regarding the request for cortisone steroid injections x3 for the right foot, ODG does not recommend cortisone steroid injections for tendonitis. Local glucocorticoid injections have generated controversy for Achilles tendinopathy. Systematic review found little evidence to support their efficacy, and, furthermore, local glucocorticoid injections were associated with rupture of the Achilles tendon. Within the documentation available for review, the patient has swelling and tenderness of the right foot tendon. As such, the currently requested cortisone steroid injections x3 for the right foot are not recommended.

Physical therapy/massage for the right foot 3 times per week for 4 weeks (12 sessions):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter: Massage Therapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369, Chronic Pain Treatment Guidelines Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Massage Therapy; Ankle & Foot Chapter, Physical Therapy

Decision rationale: Regarding the request for physical therapy/massage for the right foot 3 times per week for 4 weeks (12 sessions), Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Regarding massage therapy, the guidelines state that massage therapy is recommended as an option. They go on to state the treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in most cases. Within the documentation available for review, there is no documentation of failure of conservative treatment such as medication or orthotics. Additionally, it is unclear exactly what objective treatment goals are hoping to be addressed with the currently requested physical/massage therapy. Furthermore, the number of sessions of physical/massage therapy requested exceeds the number of visits recommended by the guidelines. In the absence of clarity regarding those issues, the currently requested physical therapy/massage for the right foot 3 times per week for 4 weeks is not medically necessary.