

Case Number:	CM14-0044284		
Date Assigned:	07/02/2014	Date of Injury:	07/31/2013
Decision Date:	08/13/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/11/2014

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 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:

The patient is a 51 year old female with date of injury 7/31/13. The treating physician report dated 2/27/14 indicates that the patient presents with pain affecting the right foot and constant pain in the lower back. The patient reports new pain in the right shoulder, which is related to the use of crutches. Current medications listed are Percocet one tablet a week as needed and Lyrica 50mg a day. The treating physician states that the podiatry report dated 2/14/14 requires authorization. The current diagnoses are: 1.Right foot and ankle sprain2.Right foot first metatarsal bone injury3.Right knee sprain4.SI joint dysfunction5.Low back pain with clinical evidence of right side radiculopathy and occasional loss of bladder control.6.Right lower extremity CRPSThe utilization review report dated 3/25/14 denied the request for motion controlled orthotics and cortisone injections x3 to scar tissue on fascia right ankle and right great toe joint based on the ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motion control orthotics: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The patient presents with chronic pain affecting the right foot and ankle. The current request is for motion control orthotics. The podiatry report dated 2/14/14 states, "Please authorize one pair of motion-control orthotics. This is consistent with ACOEM/MTUS Guidelines for chronic metatarsalgia. The physical examination states, "The patient has tenderness affecting the right first metatarsal phalangeal joint with trace edema and synovial thickening. She has painful limited range of motion." The ACOEM guidelines support the use of rigid orthotics for the treatment of plantar fasciitis and metatarsalgia. There is no support of motion control orthotics found in ACOEM, MTUS or ODG guidelines. The podiatrist in this case does not provide any explanation for what appears to be a custom made brand name "Motion Control" orthotic which does not appear to be a rigid orthotic as recommended by ACOEM. Recommendation is not medically necessary.

Cortisone injections (x3) to scar tissue on fascia right ankle and right great total joint.:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The patient presents with chronic pain affecting the right foot and ankle. The current request is for Cortisone injections (x3) to scar tissue on fascia right ankle and right great toe joint. The podiatry report dated 2/14/14 states, "The patient has tenderness affecting the right first metatarsal phalangeal joint with trace edema and synovial thickening. She has painful limited range of motion." The MTUS Guidelines do not address cortisone injections of the ankle and great toe. The ODG Guidelines state, "Injections corticosteroids: Not recommended for tendonitis or Morton's Neuroma, and not recommend intra-articular corticosteroids. Under study for heel pain." In this case the podiatrist has failed to indicate the medical necessity for cortisone injections that are not recommended by ODG. Recommendation is not medically necessary.