

<b>Case Number:</b>	CM14-0063441		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	10/18/2013
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 Texas. 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 male who developed left foot pain as a result of cumulative trauma on 10/19/13. The injured worker was treated with oral medications and casting. He was later transferred to Cam walker. Per most recent physical examination, the injured worker was identified as developing traumatic Morton neuromas in the second and third web intermetatarsal of his left foot and mild plantar irritation without evidence of rupture to the plantar plate. He was subsequently recommended to undergo corticosteroid injections and to receive a pair of motion control orthotics for traumatic neuromas. Utilization review determination dated 04/23/14 modified the request for three cortisone injections in the left foot for two cortisone injections and a pair of motion control orthotics was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **3 CORTISONE INJECTIONS FOR LEFT FOOT:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 375. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Injections.

**Decision rationale:** The injured worker has been identified as having multiple Morton neuromas. Standard of care in terms of treatment is local corticosteroid injection. As such the injured worker would meet criteria for the performance of these injections. The request for 3 cortisone injections for left foot is recommended as medically necessary.

**ONE PAIR OF MOTION CONTROL ORTHOTICS PURCHASE (FEET):** Overturned

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

**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, Orthotic Devices.

**Decision rationale:** The submitted clinical records indicate the injured worker developed Morton neuromas secondary to cumulative trauma. His treatment plan included corticosteroid injections in conjunction with motion control orthotics to reduce the symptoms of his Morton neuroma. Based on the clinical documentation submitted for review this the request for one pair of motion control orthotics purchase (feet) is recommended as medically necessary.