

Case Number:	CM14-0099153		
Date Assigned:	07/28/2014	Date of Injury:	12/11/2003
Decision Date:	10/07/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/27/2014

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 Family Medicine 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 65 year old female who initially presented with left foot and ankle pain on 12/11/03. The clinical note dated 06/02/14 indicates the injured worker having continued complaints of left ankle pain at the lateral region. The injured worker has stated that she was making slow progress. The injured worker reported pain initially upon waking each morning. Upon exam, the injured worker was identified as having generalized edema. Pain was elicited upon palpation along with manipulation of the ankle. The note indicates the injured worker was ambulating with an antalgic gait. The injured worker was recommended for Cortisone injection along with a pair of orthopedic shoes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided left midtarsal joint cortisone injections: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Injections (corticosteroid)

Decision rationale: The request for an ultrasound guided left midtarsal joint cortisone injection is not recommended as medically necessary. The documentation indicates the injured worker having undergone a Cortisone injection at the left ankle. However, no objective data was submitted confirming the injured worker's positive response to the previously rendered injection. Therefore, it is unclear that the injured worker would benefit from a second injection.

Orthopedic Shoes: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Treatment Workers Compensation (TWC)

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

Decision rationale: The use for orthopedic shoes is indicated for findings consistent with plantar fasciitis or rheumatic arthritis. No information was submitted regarding the injured worker's significant clinical findings that would indicate the need for orthopedic footwear as no plantar fasciitis or rheumatic arthritis findings were presented in the documentation. Therefore, the request is not indicated as medically necessary.