

Case Number:	CM13-0041930		
Date Assigned:	12/20/2013	Date of Injury:	06/20/2012
Decision Date:	04/07/2015	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/30/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 49-year-old male reported a work-related injury on 06/20/2012. The MRI showed left knee degenerative with joint effusion. According to the progress notes dated 9/6/13, the injured worker reported right foot pain at the metatarsophalangeal joint. Diagnoses include primary localized osteoarthritis left knee, leg and pain in right joint-ankle and foot. Previous treatments include oral medications and steroid injections at the site. The treating provider requests ultrasound guided injections for the right foot. The Utilization Review on 09/25/2013 non-certified the request for ultrasound guided injections for the right foot, citing MTUS and ODG recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Guided Injections For The Right Foot: Overturned

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

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

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain injection scan be utilized for the treatment if joints pain that did not respond to conservative treatments with medications and PT. The records indicate that the patient completed medications management and PT. There was documentation of functional restoration and significant sustained pain relief following previous injections to the joint. The criteria for ultrasound guided injection to right foot was met.