

Case Number:	CM14-0197347		
Date Assigned:	12/05/2014	Date of Injury:	11/15/2009
Decision Date:	01/23/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/24/2014

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 Interventional Spine 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 52 year old female with an injury date on 11/15/2009. Based on the 09/09/2014 hand written progress report provided by the treating physician, the diagnoses are: Stress Fx (I) 3rd metatarsal left foot S/S; left leg pain; lumbar disc w/left extremity neuralgia; and sleep disorder. According to this report, the patient complains of "unchanged-remains symptomatic" left foot pain. Objective finding reveals tenderness on palpation with limited, painful range of motion and positive orthopedic evaluation to the left foot and lower back. Decreased sensory is noted in the left leg which was worsening. An MRI of the left foot indicates Hallux Valgus Deformity; however, the MRI report was not included in the file for review. The treatment plan is to refill oral medications, right foot injection, spine specialist, and continue with conservative treatment. There were no other significant findings noted on this report. The utilization review denied the request for right foot injection on 10/27/2014 based on the Official Disability Guidelines (ODG). The requesting physician provided treatment reports from 01/14/2014 to 09/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right foot injection: 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 chapter under injection (corticosteroid)

Decision rationale: According to the 09/09/2014 report, this patient presents with "unchanged-remains symptomatic" left foot pain. The current request is for right foot injection. Regarding cortisone injection, Official Disability Guidelines (ODG) states, "Not recommended for tendonitis or Morton's Neuroma, and not recommend intra-articular corticosteroids. Under study for heel pain. See specific indications below. Heel pain (plantar fasciitis): Under study. There is no evidence for the effectiveness of injected corticosteroid therapy for reducing plantar heel pain." In this case, the treating physician does not document the patient having right foot pain nor exam findings of the right foot. The treating physician does not indicate what condition the cortisone injection is for. The treating physician does not provide a medical rationale for the request. MTUS page 8 requires that the treat physician provides monitoring of the patient's progress and make appropriate suggestions. Therefore, this request is not medically necessary.