

Case Number:	CM14-0205490		
Date Assigned:	12/17/2014	Date of Injury:	08/01/1993
Decision Date:	05/05/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/08/2014

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. 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, California

Certification(s)/Specialty: Family Practice

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 is a 53 year old male patient, who sustained an industrial injury on 8/1/1993. The current diagnoses are plantar fasciitis, old fracture of the posterior process of talus, myositis, metatarsalgia, and tendinitis. According to the progress report dated 11/24/2014, he had complains of neck pain with radiation to the bilateral upper extremities; knee pain, altered gait, low back pain and left ankle pain. The physical examination revealed morbidly obesity, antalgic gait, cervical spine- tenderness, decreased range of motion, decreased sensation in bilateral upper extremities; lumbar spine- tenderness, decreased range of motion; right knee tenderness, crepitus, positive Mc Murray sign; ; left ankle swelling, tenderness, decreased range of motion and hypersensitivity. The current medications are Norco, Ultram ER, Anaprox, Zanaflex, Prilosec, Xanax, Trazadone, Lexapro, and Dendracin topical analgesic cream. Treatment to date has included medication management, X-ray of the left foot, cervical and lumbar MRI, right knee MRI, MRI of the left ankle dated 5/22/14, and orthotics. The plan of care includes diagnostic injection of the left foot and 20 physical sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left foot diagnostic injection; posterior process of talus 1cc percentido and 1cc .5 percent marcaine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376-377. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and foot/injections (corticosteroid).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Ankle & Foot (updated 03/26/15) Injections (corticosteroid).

Decision rationale: Per the cited guidelines "Invasive techniques (e.g., needle acupuncture and injection procedures) have no proven value, with the exception of corticosteroid injection into the affected web space in patients with Morton's neuroma or into the affected area in patients with plantar fasciitis or heel spur if four to six weeks of conservative therapy is ineffective." In addition per the ODG injection (corticosteroid) is "Not recommended for tendonitis or Morton's Neuroma, and not recommend intra-articular corticosteroids. Under study for heel pain." Therefore, there is no high grade scientific evidence to support ankle/foot injection for this diagnosis. Evidence of Morton's neuroma or heel spur is not specified in the records provided. The details of failure of conservative therapy including physical therapy or pharmacotherapy are not specified in the records provided. The medical necessity of Left foot diagnostic injection; posterior process of talus 1cc percent lido and 1cc .5 percent marcaine is not fully established in this patient at this time.