MAXIMUS Federal Services

Case Number:	CM15-0002360		
Date Assigned:	01/13/2015	Date of Injury:	06/05/2014
Decision Date:	03/10/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/06/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 38 year old male, who sustained an industrial injury on June 5, 2014. He has reported right foot pain. The diagnoses have included a right foot fracture and contusion of the right ankle and foot. Treatment to date has included physical therapy, ice therapy and medications. Currently, the injured worker complains of pain of the bottom of the right foot and tenderness. The treating physician is requesting a cortisone injection of the right foot. On December 19, 2014 Utilization Review non-certified the request for a cortisone injection of the right foot noting the lack of documentation to support the medical necessity of the treatment. The MTUS, ACOEM Guidelines, and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortizone injection to the right foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Foot and Ankle Chapter, Cortisone Injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ankle section, intra-articular injections corticosteroid injections

Decision rationale: Pursuant to the Official Disability Guidelines, cortisone injection to the right foot is not medically necessary. Cortisone injections are not recommended for tendinitis or Morton's neuroma and not recommended as an intra-articular corticosteroid injection. They are under study for heel pain. There is no evidence for the effectiveness of injected corticosteroid therapy for reducing plantar heel pain. Corticosteroid injections are more efficacious in the treatment of plantar fasciopathy. Injections for Achilles tendinitis are not recommended. In this case, the injured worker's working diagnoses are right forefoot plantar fascial injury with healed 5th digit fracture; and rule out tear and subluxation right forefoot. Peer-to-peer discussion conducted on December 17, 2014 indicated: "Provider reports the injured worker suffered a right fifth phalangeal fracture has healed. However, after six months there was still pain in the right forefoot which shows a mass around the fourth and fifth metatarsal phalangeal region. The injured worker is unable to put pressure on the outside of the foot even though orthotics have been provided and cortisone has been provided. Only minimal benefit has been achieved. The providers concerned about the findings in the forefoot. He is not going to pursue a cortisone injection without first finding was the pathology is." Pursuant to the Supplemental Report for Appeal for Denial of Medically Necessary treatment dated January 7, 2015: "The injured worker has had prior physical therapy and the prior cortisone injection which was helpful. The MRI was done after the appeal denial; therefore the MRI right foot showed evidence of impaction contusion injury that affects the plantar aspect of the fourth metatarsal base. A cortisone injection into the fourth metatarsal cuboid area will be required to allow her to walk more normally and be less symptomatic. The guidelines do not recommend intra-articular cortisone injection. Consequently, absent clinical documentation to support an intra-articular cortisone injection pursuant to the guideline recommendations, cortisone injection to the right foot is not medically necessary.