

Case Number:	CM15-0100855		
Date Assigned:	06/03/2015	Date of Injury:	02/20/2013
Decision Date:	07/08/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/26/2015

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, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

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 49 year old female who sustained an industrial injury on 02/20/2013 resulting in left foot pain/injury. Treatment provided to date has included: physical therapy (unknown # of sessions); medications, bracing and supportive footwear; and chiropractic treatments. Diagnostic tests performed include: MRI of the left foot (05/20/2013) that was noted to be unremarkable; MRI of the left ankle (05/20/2013) showing a mild sprain of the anterior talofibular ligament and anterior tibiofibular ligament; electrodiagnostic testing (08/14/2014) which was noted to be an incomplete study due to severe pain in the low back and left lower extremity; and follow-up MRI of the left ankle (03/27/2014) showing no changes. There were no noted comorbidities. It was noted that the injured worker had an unintended manipulation of the 2nd metatarsal resulting in improvement of the 2nd metatarsal; however, the date and details were not noted. On 04/22/2015, physician progress report noted complaints of left foot pain. Pain is rated as 1- (0-10) and described as aching. The physical exam revealed tenderness to palpation around the 3rd, 4th and 5th metatarsals, improvement in the 2nd metatarsal, limited range of motion in the 3rd and 4th metatarsal joints, and tenderness in the left arch. The provider noted diagnoses of left foot injury/contusion complicated by likely neuritis/complex regional pain syndrome, and apparent left lesser MTP contractures (improved in the 2nd toe after recent injury). Due to the improvement in the 2nd toe after the unintended / expected manipulation / injury, the injured worker agrees to the plan for a block and manipulation. Plan of care includes a 4th metatarsal manipulation with an injection block, continued medications, follow-up, and continued work restrictions. Requested treatments include: 4th metatarsal manipulation and lidocaine plus 25% Marcaine injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

4th Metatarsal Manipulation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 13th Edition (web), 2015, Ankle & Foot manipulation.

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.

Decision rationale: CA MTUS/ACOEM is silent on manipulation under anesthesia for the foot and ankle. ODG ankle and foot is referenced. Not recommended. There is limited evidence from trials to support the use of manipulation for treating disorders of the ankle and foot. In this case the request is for manipulation of the foot. It is not in keeping with guideline recommendations and the request is therefore not medically necessary.

Lidocaine plus 25% Marcaine 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) foot and ankle.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.