

Case Number:	CM15-0103089		
Date Assigned:	06/05/2015	Date of Injury:	05/16/2003
Decision Date:	07/07/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/28/2015

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: Arizona, 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:

The injured worker is a 74 year old female, who sustained an industrial injury on 5/16/03. The injured worker has complaints of left foot/ankle pain. The documentation noted that the injured worker reports a lot of pain when walking. The documentation noted that there was tenderness to the lateral sinus tarsi and posterior tibial tendon, medial aspect of the left ankle. The diagnoses have included cervical disc displacement. Treatment to date has included therapy; orthotics and medications. The request was for C arm guided injection to left sinus tarsi.

IMR ISSUES, DECISIONS AND RATIONALES

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

C arm guided injection to left sinus tarsi: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Podiatric Sports Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

Decision rationale: According to the guidelines, for patients with point repeated or frequent tenderness in the area of injections: a heel spur, plantar fasciitis, or Morton's neuroma, local injection of lidocaine and cortisone solution is recommended. In this case, the claimant did not have the above diagnoses. The claimant had already received laser injections as well as shock therapy. Invasive procedures and interventions already applied provide short-term benefit. There is insufficient evidence for their use. The request for the tarsi injection with a C arm is not medically necessary.