

Case Number:	CM15-0136191		
Date Assigned:	07/24/2015	Date of Injury:	08/18/2014
Decision Date:	08/26/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/14/2015

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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational 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 32-year-old male, who sustained an industrial injury on 8/18/14. The injured worker has complaints of knee pain that comes and goes, with movement it becomes throbbing and at times there can be some sharp pains and right ankle/foot pain that is achy and throbbing and radiates up towards the knee if he overuses it. The documentation noted that the right knee and right ankle/foot has full range of motion. The diagnoses have included crushing injury right foot and fracture of one or more phalanges of foot. Treatment to date has included naproxen and omeprazole. The request was for cortisone injection with celestone of the right foot x 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection with celestone of the right foot x 2: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 264, 371.

Decision rationale: ACOEM's Occupational Medicine Practice Guidelines Ch. 14 (Ankle & Foot Complaints) states: "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." Evidence of Morton's neuroma or plantar fasciitis is not documented in this case. Per the 06/18/15 podiatric office note, the requested injections appear to be for treatment of extensor tenosynovitis, which has failed an extended course of other conservative treatments. For a similar condition in the wrist/hand (DeQuervain's tenosynovitis) ACOEM Guidelines recommends injections of local anesthetic and corticosteroids. Due to the nature of the injured worker's trauma (crush injury to the foot), diagnosis of tenosynovitis, and persistent significant functional limitations relating to the right foot, a trial of injections is reasonable in order to relieve symptoms, restore range of motion, and avoid possible more invasive procedures. Therefore, authorization of this request is recommended and is medically necessary.