

Case Number:	CM15-0137209		
Date Assigned:	07/27/2015	Date of Injury:	01/19/2015
Decision Date:	08/25/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/15/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 (IW) is a 53 year old male who sustained an industrial injury on 1/19/2015. The diagnosis of left foot pain due to a Morton's neuroma was treated with cortisone injections x 3. Per the Primary Treating Physician's Progress Report dated 5/27/2015, the injured worker received an injection at the last visit which decreased his pain and improved his range of motion. Physical examination revealed palpable dorsalis pedis posterior tibial pulses, which are strong and regular. He was to return to full duty as of 5/27/2015. The plan of care included an authorization request on 7/1/2015 for alcohol injections x 6 to the left foot and purchase of one pair of orthotics. According to a supplemental report from podiatry on 7/15/2015, the IW continued to have severe pain with shoe wear and prolonged standing and walking. On 7/9/2015, Utilization Review non-certified the request for alcohol injections x 6 to the left foot and the purchase of one pair of orthotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alcohol injections x 6 for left foot: Upheld

Claims Administrator 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) Ankle and Foot Chapter (Online Version); <http://podiatrytoday.com/article/2691>.

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) Ankle & Foot (Acute & Chronic), Alcohol injections (for Morton's neuroma).

Decision rationale: Per the cited ACOEM guidelines, alcohol injections are not specifically mentioned, but invasive techniques (e.g. injection) have no proven value. The exception is corticosteroid injection into the affected web space in workers with Morton's neuroma. ODG states that stepped care is recommended with patient education and foot-wear or insole changes, followed by alcohol injections, and, finally, surgery if no improvement. In addition, 6 months of conservative therapies must have been attempted and have been documented as having failed for use of alcohol injections. Also, a clinically significant positive response must be documented with the initial 2 alcohol injections before any further authorizations. In the case of this IW, although he may now meet criteria for 6 months of failed therapies, the request for alcohol injections x 6 for the left foot is not medically necessary and appropriate based on the cited guidelines.

Purchase of Orthotics (1 pair): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 361-363, 370. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot Chapter.

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) Ankle & Foot (Acute & Chronic), Orthotic devices.

Decision rationale: Per the cited ACOEM guideline, rigid orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. ODG recommends orthotics for plantar fasciitis and for foot pain in rheumatoid arthritis. In particular, semirigid foot orthotics appears to be more effective than supportive shoes worn alone or worn with soft orthoses for metatarsalgia. According to the medical records available for the IW, the use of metatarsal pads in conservative management of his Morton's neuroma would be reasonable. Therefore, based on the cited guidelines, the request for the purchase of orthotics, 1 pair, is not medically necessary and appropriate at this time.