Case Number:	CM15-0164654		
Date Assigned:	09/02/2015	**Date of Injury:**	01/13/2015
Decision Date:	10/05/2015	**UR Denial Date:**	07/30/2015
Priority:	Standard	**Application Received:**	08/21/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 45 year old male, who sustained an industrial injury on 1-13-15. Initial complaint was of his right ankle-foot crush type injury. The injured worker was diagnosed as having crushing injury right foot; pain in joint ankle-foot right. Treatment to date has included physical therapy; urine drug testing; medications. Diagnostics studies included X-rays right foot (2-26-15). Currently, the PR-2 notes dated 7-22-15 indicated the injured worker has had no recent physical therapy approved. He is describing morning stiffness of the fore foot by pointing at the plantar first metatarso-phalangeal joint of the right foot. He is working. Evaluation showed a slight decrease in range of motion at metatarso-phalangeal joint of the right foot. His plantar is tender in the area of the medial sesamoid. There is no tenderness of first and second metatarsal heads.He is diagnosed with a crushing injury to the right foot and pain in the joint ankle of the right foot per his industrial injury on 1-13-15. PR-2 note dated 2-26-15 reviews x-rays of the right foot showing a non-displaced compression fracture of the right hallus distal phalanx, distal tuft fracture of the right 5th toe. The provider has requested a cortisone injection to the right foot using ultrasound guidance. The injection was authorized. The provider is requesting authorization of Ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guidance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Injection (corticosteroid).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic), Injections (corticosteroid).

Decision rationale: The claimant sustained a crush injury to the right foot in January 2015 with multiple lacerations but without fracture. Treatment included repair of the lacerations and removal of the first toenail. When seen, he was having pain under the first toe at the MTP level. There was tenderness underneath the sesamoid bone. An injection was requested and has been authorized. At issue is the use of ultrasound guidance for the procedure. In this case, the claimant sustained a crush injury and has tissue damage at the intended target site. The area to be injected is under the sesamoid and this is not an intra-articular injection. Precise deposition of the injectate would be the goal both in terms of optimizing the potential for a therapeutic response and in terms of performing an accurate diagnostic procedure. There is evidence that ultrasound guidance improves accuracy during injection procedures of the ankle and foot, for example, when treating plantar fasciitis. Direct visualization of the injectate flow without use of imaging would not be possible. The request is therefore medically necessary.