

Case Number:	CM15-0168463		
Date Assigned:	09/14/2015	Date of Injury:	05/05/2010
Decision Date:	10/15/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/27/2015

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: Texas, New York, California
 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 applicant is a represented 42-year-old who has filed a claim for chronic foot pain reportedly associated with an industrial injury of May 5, 2010. In a Utilization Review report dated August 14, 2015, the claims administrator failed to approve a request for cortisone injection for the foot and custom orthotics. The claims administrator did seemingly partially approved what was framed as request for two cortisone injections as cortisone injection. A July 16, 2015 office visit was referenced in the determination. Non-MTUS ODG Guidelines were seemingly invoked in the determination. The applicant's attorney subsequently appealed. On an RFA form dated August 3, 2015, two cortisone injections and custom orthotics were seemingly sought for ongoing complaints of foot pain and tendinitis. In an associated July 15, 2015 progress note, the claimant was given diagnosis of anterior tibial tendonitis, forefoot pain, and generalized foot pain. The claimant was given an anterior tibial tendon injection. The claimant was returned to regular duty work. 7/10 pain complaints were reported. Custom orthotics were sought, along with two additional injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone Injection with Celestone, left foot, 2 visit: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Summary.

Decision rationale: No, the request for two cortisone injections over two visits for the left foot was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 376, repeated or frequent corticosteroid injections to the ankle and foot are deemed not recommended. Here, the applicant was given a prior foot/ankle corticosteroid injection on July 16, 2015. The attending provider went on to seek authorization for two further foot/ankle corticosteroid injections via an RFA form dated August 3, 2015. The request, thus, was at odds with the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 376, which recommends against usage of repeated or frequent injections to the foot and ankle. The attending provider did not, furthermore, reevaluate and/or reassess the applicant after the injection of July 15, 2015 before moving forward with the request for two additional injections. Therefore, the request was not medically necessary.

Custom molded orthotics bilateral with forefoot valgus post: Overturned

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods.

Decision rationale: Conversely, the request for custom molded orthotics was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 14, page 371, rigid orthotics may reduce pain experienced during walking and may reduce more global measures of pain and/or disability for applicants with plantar fasciitis and metatarsalgia, the latter of which was seemingly present here on or around the date in question, July 16, 2015. The applicant's pain complaints had seemingly proven recalcitrant to various treatments including time, medications, injections, etc., it was reported on that date. Moving forward with the orthotics in question was, thus, indicated here. Therefore, the request was medically necessary.