MAXIMUS Federal Services

Case Number:	CM15-0185816		
Date Assigned:	09/28/2015	Date of Injury:	10/15/2012
Decision Date:	11/10/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/21/2015

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: Texas, 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:

This is a 55 year old male patient, who sustained an industrial injury on 10-15-12. The diagnoses include arthrodesis bilateral; pain in limb bilateral. Per the PR-2 note dated 8/24/15, she had complaints of left foot pain and right foot pain with weight bearing. The physical examination revealed hypersensitivity to light touch of the left foot, mild swelling of the left foot and normal range of motion of the ankle. Per the PR-2 note dated 8/24/15, patient has had QME follow up on 8/17/15. She has had EMG/NCS on 8/17/15 and the QME doctor recommended steroid injection prior to proceeding with surgery. Per the podiatry notes dated 8-14-15 the patient was injured at work due to prolonged walking and standing in steel toed boots. The injury occurred as a result of repetition. Pain was severe with a rating of 10 out of 10 at worst. The quality of the pain was sharp, stabbing, throbbing, aching and burning. The pain was intermittent. The pain often causes the patient to wake from his sleep. Since onset, he reported the problem was unchanged. The symptoms were made worse by standing, walking lifting, twisting, bending, squatting and kneeling. The symptoms are made better by rest. The physical examination revealed a mildly antalgic gait, can heel and toe walk and performs a squat, 5/5 muscle strength to extensors, flexors, inverters, and evertors to the right and left foot and ankle; Ankle joint range of motion- 10 degrees of dorsiflexion and 40 degrees of plantar flexion, bilaterally; Subtalar joint range of motion-15 degrees of inversion with 5 degrees eversion bilaterally; Metatarsal phalangeal joint range of motion - full to both feet without limitation or restriction; a negative anterior drawer to the right and left foot and ankle; tenderness to palpation left first metatarsal with palpable hardware; positive Tinel's with percussion to the first metatarsal

dorsally at the surgery site with diminished light touch sensation; no signs of any open lesions, ecchymosis or cellulitis. The provider documents a treatment plan "The patient has a substantial amount of pain related to the hardware to the left foot. I also believe the likely saphenous nerve injury may be irritated by the hardware. In that event I recommend the hardware be removed." The current medications list is not specified in the records provided. He has had X-rays of the right and left feet which revealed status post first metatarsal cuneiform joint arthrodesis with crossed screws on the right and plate and screw fixation on the left. She has undergone right first metatarsal cuneiform fusion on 8-13-11 and left first metatarsal cuneiform fusion on 10-15-13. She has had physical therapy visits for this injury. A Request for Authorization is dated 9-21-15. A Utilization Review letter is dated 8-28-15 and non-certification was for a Left foot cortisone injection. A request for authorization has been received for a Left foot cortisone injection before the surgical hardware removal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left foot cortisone injection: 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).

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 09/22/15) Hardware injection (block).

Decision rationale: Left foot cortisone injection, Per the cited guidelines "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." In addition per the ODG "This injection procedure is performed on patients who have undergone a fusion with hardware to determine if continued pain is caused by the hardware. If the steroid/anesthetic medication can eliminate the pain by reducing the swelling and inflammation near the hardware, the surgeon may decide to remove the patient's hardware. (Guyer, 2006)" Per the records provided the patient has undergone right first metatarsal cuneiform fusion on 8-13-11 and left first metatarsal cuneiform fusion on 10-15-13. Pain was severe with a rating of 10 out of 10 at worst. Patient had bilateral foot pain with tenderness to palpation left first metatarsal with palpable hardware; positive Tinel's with percussion to the first metatarsal dorsally at the surgery site with diminished light touch sensation. Left foot cortisone injection is medically appropriate for this patient before proceeding to surgery for hardware removal. The request of the Left foot cortisone injection is medically appropriate and necessary for this patient.