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| Case Number: | CM15-0192111 | | |
| Date Assigned: | 10/06/2015 | Date of Injury: | 06/29/2014 |
| Decision Date: | 12/03/2015 | UR Denial Date: | 09/01/2015 |
| Priority: | Standard | Application Received: | 09/30/2015 |

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: Utah, Arkansas
 Certification(s)/Specialty: Family Practice, Sports 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 25 year old male who sustained an industrial injury June 29, 2014. Past treatment included a fracture boot for approximately six weeks. According to a primary treating physician's progress report dated August 25, 2015, the injured worker presented as a follow-up after an MRI of the left foot. The physician documented the MRI of the left foot dated August 13, 2015, revealed subchondral cystic change along the medial base 1st proximal phalanx indicating overlying full thickness chondral loss, small effusion 1st metatarsophalangeal joint; no discrete intraarticular body noted. He complains of pain in the great toe, worse with weight bearing and carrying heavy objects. Current medication is documented as ibuprofen. Objective findings included; 5'11" and 170 pounds; appropriate gait, no difficulty standing; tender medial MTPJ, tender with axial load. Diagnosis is documented as fractured toes. Treatment plan included an ultrasound guided injection to the great left toe performed in the office. At issue, is the request for authorization, dated August 25, 2015, for an ultrasound guided injection left great toe. According to utilization review dated September 1, 2015, the request for Ultrasound Guided Injection the Left Great Toe is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided injection to the left great toe: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for an Ultrasound guided injection of the great toe. Guidelines state the following: not recommended for intra-articular corticosteroids. According to the clinical documentation provided and current guidelines; an Ultrasound guided injection of the great toe is not medically necessary to the patient at this time.