

Case Number:	CM15-0196627		
Date Assigned:	10/12/2015	Date of Injury:	10/20/2012
Decision Date:	11/19/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/06/2015

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

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:

The injured worker is a 43 year old male, who sustained an industrial injury on 10-20-2012. He has reported injury to the right foot and ankle. The diagnoses have included status post calcaneal fracture; status post removal of internal hardware; subtalar joint osteoarthritis; and chronic right foot pain. Treatment to date has included medications, diagnostics, rest, activity modifications, ice, orthotics, bracing, cane, injections, physical therapy, home exercise program, and surgical intervention. Medications have included Norco, Naproxen, Ibuprofen and Prilosec. A progress note from the treating physician, dated 09-22-2015, documented a follow-up visit with the injured worker. The injured worker reported right foot-ankle still hurts a lot; it swells up when standing for a long time; the pain is present while walking and goes away when he sits down to rest; no discoloration; and when he walks his foot rolls out and the shoe shows that. Objective findings included he is alert and well-oriented; in no acute distress; no edema; no discoloration; tender with manipulation of calcaneal cuboid joint, subtalar joint; restricted range of motion, subtalar and midtarsal joint; and in gait, he is inverted bilaterally. The provider noted that right foot radiographs show "significant increase in bone density from prior; calcified interdigital vessels consistent with calcinosis; significant degenerative arthritic changes in the calcaneal cuboid joint; subtalar joint; alignment good excellent calcaneal fracture repair with stabilization; lateral radiograph shows significant pes planus with collapse the medial longitudinal arch". The treatment plan has included the request for cortisone injection into the subtalar joint, intermediate joint, sinus tarsi as a diagnostic block, to evaluate the clinical contribution of this subtalar joint versus midtarsal joint, and consider for additional injection into the calcaneal

cuboid joint. The original utilization review, dated 09-30-2015, non-certified the request for cortisone injection into the subtalar joint, intermediate joint, sinus tarsi as a diagnostic block, to evaluate the clinical contribution of this subtalar joint versus midtarsal joint, and consider for additional injection into the calcaneal cuboid joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection into the subtalar joint, intermediate joint, sinus tarsi as a diagnostic block, to evaluate the clinical contribution of this S TJ vs midtarsal joint, and consider for additional injection into the calcaneal cuboid joint: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle & Foot - corticosteroids.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Ankle & Foot Section: Intra-Articular Corticosteroids.

Decision rationale: The MTUS/ACOEM Guidelines comment on the use of corticosteroid injections for the treatment of conditions involving the ankle and foot. These guidelines state that recommendations to use corticosteroid injections are limited to patients with the following conditions: Patients with point tenderness in the area of a heel spur; Patients with plantar fasciitis; or Patients with a Morton's Neuroma. The evidence in support of this treatment is Level D. The Official Disability Guidelines also comment on the use of Intra-articular corticosteroids for ankle and foot conditions. These guidelines state the following: Intra-articular corticosteroid injections are not recommended. Most evidence for the efficacy of intra-articular corticosteroids is confined to the knee, with few studies considering the joints of the foot and ankle. No independent clinical factors were identified that could predict a better post-injection response. In this case, the records do not indicate that the patient has any of the conditions which support the use of a corticosteroid injection based on the MTUS/ACOEM guidelines. Further, the Official Disability Guidelines do not support the use of intra-articular corticosteroid injections. For these reasons, a cortisone injection into the subtalar joint, intermediate joint, and sinus tarsi, is not considered as medically necessary.