

Case Number:	CM15-0207353		
Date Assigned:	10/26/2015	Date of Injury:	05/06/2014
Decision Date:	12/07/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/21/2015

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: Arizona, 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 injured worker is a 42 year old male who reported an industrial injury on 5-6-2014. His diagnoses, and or impressions, were noted to include: foot sprain-strain; closed fracture of foot phalange(s); and ankle-foot arthralgia. No imaging studies were noted. His treatments were noted to include: 12 sessions of left foot physical therapy; TENS unit therapy; diagnostic left foot x-ray, said to be normal; and regular work duties (for a different employer). It was noted that he was not currently on any medications; and toxicology screenings were noted on 11-20-2014 & 8-20-2015. The progress notes of 8-20-2015 reported a re-evaluation for complaints which included improved, aching to sharp pain in the left foot-heel, with soreness from his left calf that radiated to his thigh, aggravated by prolonged sitting-standing and descending stairs, and improved by medications, over the counter pain creams, and use of the TENS unit; and weakness in the left foot and uneven gait. The objective findings were noted to include: a slight antalgic gait; tenderness of the medial sesamoid of 1st toe of the left foot and painful dorsiflexion-plantar flexion of the left toes; and a review of the left foot x-rays which were said to be negative. The physician's requests for treatment were not noted to include a left foot cortisone injection following failure of conservative treatment. The Request for Authorization, dated 9-4-2015, was noted to include a retroactive authorization for a cortisone injection in the left foot. The Utilization Review of 9-23-2015 non-certified the request for a retroactive cortisone injection to the left foot, from date of service 8-20-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection, left foot, (retrospective DOS 08/20/15): 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 rationale: According to the guidelines, injections are indicated for those with neuroma, fasciitis and heel spurs. In this case, the claimant has arthralgia and strain of the foot and ankle. There is no indication of the above diagnoses. The injections only provide short term relief. The request is not medically necessary.