

<b>Case Number:</b>	CM15-0020893		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	08/01/1993
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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, Ohio, 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 [REDACTED] beneficiary who has filed a claim for chronic foot and ankle pain reportedly associated with an industrial injury of August 1, 1993. In a Utilization Review Report dated January 2, 2015, the claims administrator denied a request for diagnostic corticosteroid injection and partially approved request for 20 sessions of physical therapy as 10 sessions of physical therapy. The claims administrator contented that the applicant had had earlier ankle surgery and suggested that its decision was based on telephonic commentary made by the attending provider to the effect that the applicant had not had recent physical therapy. The applicant attorney's subsequently appealed. In a handwritten progress note dated January 14, 2015, it was difficult to follow, not entirely legible. The applicant reported ongoing complaints of left great toe, foot, and ankle pain. Some swelling about the ankle and foot was noted. Pain complaints were highly variable. Decreased range of motion was noted. The applicant was asked to pursue lidocaine-Marcaine injection. Topical Voltaren gel and physical therapy were also endorsed. The applicant's work status was not clearly stated. In a progress note dated May 7, 2014, it was stated that the applicant was permanent and stationary. Multifocal complaints of neck pain, mid back pain, low back pain, bilateral knee pain, bilateral perineal neuropathy, diabetes mellitus, ulnar neuropathy, gastritis, depression, anxiety, and left ankle traumatic arthritis were reported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic Injection (posterior process of talus 1cc 1 percent Lidocaine & 1cc Marcaine):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

**Decision rationale:** No, the request for a diagnostic injection to the talus with lidocaine and Marcaine was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 376, does recommend injections in applicants with suspected heel spurs, plantar fasciitis, or Morton's neuroma, in this case, however, it was not clearly stated what the operating diagnoses involving the applicant's ankle and feet were. Historical progress notes of mid 2014 suggested that the applicant already had a known, established diagnosis of ankle arthritis. It was not clearly stated or clearly established for what purpose, the diagnostic injection in the question was being performed, particularly if the applicant already a known, established diagnosis of ankle arthritis. As noted previously, the attending provider's January 14, 2015, progress note was sparse, thinly developed, handwritten, and not entirely legible. Therefore, the request was not medically necessary.

**20 sessions of Physical Therapy to bilateral foot (2x 10 weeks):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.2.

**Decision rationale:** Similarly, the request for 20 sessions of physical therapy for the bilateral feet was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants are expected to continue active therapies at home as an extension of the treatment process. Page 99 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that the frequency of treatment should be tapered or faded over time. Here, the request for 20 sessions of physical therapy at this relatively late stage in the course of the claim, several years removed from the date of the injury, thus, runs counters to MTUS principles and parameters. Therefore, the request was not medically necessary.