

Case Number:	CM15-0210276		
Date Assigned:	10/29/2015	Date of Injury:	11/01/2012
Decision Date:	12/22/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/26/2015

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: Physical Medicine & Rehabilitation

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 67 year old female, who sustained an industrial-work injury on 11-1-12. A review of the medical records indicates that the injured worker is undergoing treatment for talonavicular osteoarthritis, plantar fasciitis and fibromatosis. Treatment to date has included pain medication Anaprox, Ambien, Voltaren gel, Tizanidine, Ibuprofen, podiatry visits, left foot cortisone injection 7-22-15, physical therapy and other modalities. Per the treating physician report dated 6-22-15 the injured worker has returned to work. Medical records dated 8-5-15 indicate that the injured worker complains of left foot pain which is progressed slightly worse with swelling, pain and difficulty with ambulation. The physician indicates that recent cortisone injection was given for arthritis in the left ankle on 7-22-15 which provided relief 9 out of 10. He indicates that the injured worker has signs of talonavicular osteoarthritis with flare-ups of left foot swelling, pain and limited motion. There is post tenderness over the talonavicular joint and cortisone injection is recommended. The physician indicates that the injured worker was unresponsive to physical therapy and medication. The requested services included Cortisone injection left foot with ultrasound and fluoroscopy. The original Utilization review dated 10-19-15 non-certified the request for Cortisone injection left foot with ultrasound and fluoroscopy as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection left foot with ultrasound and fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot Chapter, Injections (corticosteroid) Official Disability Guidelines, Ankle and Foot Chapter, Ultrasound diagnostic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter, under Morton's neuroma treatment.

Decision rationale: The patient was injured on 11/01/12 and presents with low back pain and left ankle/foot pain. The request is for Cortisone injection left foot with ultrasound and fluoroscopy. There is no RFA provided and the patient is currently working. The patient had a prior cortisone injection to the left foot on 07/22/15. ODG Guidelines, Ankle & Foot Chapter, under Morton's neuroma treatment Section states, "Recommend alcohol injections and surgery as options after conservative care. See Alcohol injections (for Morton's neuroma) & Surgery for Morton's neuroma. Morton's neuroma is a common, paroxysmal neuralgia affecting the web spaces of the toes, typically the third. The pain is often so debilitating that patients become anxious about walking or even putting their foot to the ground. Insoles, corticosteroid injections, excision of the nerve, transposition of the nerve and neurolysis of the nerve are commonly used treatments, but except for the surgical procedures, there is little evidence to support these. There is no evidence to support the use of supinatory insoles or corticosteroid injections. As far as surgical technique, there is limited indication that transposition of the transected plantar digital nerve may yield better results than standard resection of the nerve in the long term. There are limited indications to suggest that dorsal incisions for resection of the plantar digital nerve may result in less symptomatic post-operative scars when compared to plantar excision of the nerve." The patient has a limited left ankle range of motion and is diagnosed with talonavicular osteoarthritis, plantar fasciitis and fibromatosis. Treatment to date includes medications and physical therapy. The patient had a prior cortisone injection for arthritis in the left ankle on 07/22/15 which provided relief 9 out of 10. ODG states that "...corticosteroid injections, excision of the nerve, transposition of the nerve and neurolysis of the nerve are commonly used treatments, but except for the surgical procedures, there is little evidence to support these. There is no evidence to support the use of supinatory insoles or corticosteroid injections." In this case, the patient continues with constant pain in the left foot/ankle. However, given lack of guideline support, this request cannot be warranted. Therefore, the request IS NOT medically necessary.