

Case Number:	CM15-0030921		
Date Assigned:	02/24/2015	Date of Injury:	01/20/2011
Decision Date:	04/09/2015	UR Denial Date:	01/10/2015
Priority:	Standard	Application Received:	02/18/2015

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 53-year-old male, with a reported date of injury of 01/20/2011. The diagnoses include status post open reduction and internal fixation fusion to second metatarsocuneiform articulation and second metatarsal-first cuneiform fusion; status post arthroscopic debridement of the left foot and ankle with residual arthrosis/arthritis; traumatic neuromas of the second and third web spaces of the left foot; and acute left foot pain flare. Treatments have included orthotics and supportive shoes. The progress report dated 11/11/2014 indicates that the injured worker had increased pain in his left foot in two areas. One area was the fourth and fifth metatarsocuboid articulation of the left foot and the other area was in the second and third web spaces of his left foot. He rated his pain 2-3 out of 10 at rest and 6 out of 10 with any attempted repetitive use. The physical examination showed moderate to severe tenderness of the lateral aspect of the left foot in the area of the fourth and fifth metatarsocuboid articulation; a perceptible limp; and equal and symmetrical muscular strength in the lower extremities. The treating physician provided the injured worker with a single cortisone injection of the left foot/ankle for his acute foot pain flare. On 01/10/2015, Utilization Review (UR) denied the retrospective request for a single cortisone injection of the left foot/ankle (date of service: 11/11/2014). The UR physician noted that there was no documentation of sustained functional gain with the cortisone injections and the outcome from the previous injection was known. The MTUS ACOEM Guidelines and the non-MTUS Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for single cortisone injection of left foot/ankle with date of services: 11/11/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot - Injections (corticosteroid).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official disability guidelines ankle/foot chapter has the following regarding Injections (corticosteroid).

Decision rationale: This patient presents with left ankle pain and increased pain in this left foot in two areas, the fourth and fifth metatarsocuboid articulation of his left foot due to his altered gait. Request for Authorization (RFA) is dated 12/29/14 and requests one cortisone injection. This is a RETROSPECTIVE REQUEST FOR SINGLE CORTISONE INJECTION OF LEFT FOOT/ANKLE WITH DATE OF SERVICE 11/11/14. ACOEM chapter 14, page 371 Invasive techniques (e.g., needle acupuncture and injection procedures) have no proven value, with the exception of corticosteroid injection into the affected web space in patients with Morton's neuroma or into the affected area in patients with plantar fasciitis or heel spur if four to six weeks of conservative therapy is ineffective. The ODG guidelines under its ankle/foot chapter has the following regarding Injections (corticosteroid), not recommended for tendonitis or Morton's Neuroma, and not recommend intra-articular corticosteroids, under study for heel pain. Corticosteroid injection about the ankle/foot is supported when the patient has Morton's neuroma, plantar fasciitis or heel spur. In this case, this patient suffers from left foot pain from altered gait and left ankle pain from post traumatic synovitis. The patient does not meet the indications outlined in ACOEM and ODG for a cortisone injection in the foot/ankle. The request IS NOT medically necessary.