

Case Number:	CM15-0059719		
Date Assigned:	04/06/2015	Date of Injury:	01/29/2011
Decision Date:	05/05/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/30/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56-year-old male, who sustained an industrial injury on January 29, 2011. He reported an electric car ran over him causing a twisting injury to his right knee with a crush injury. The injured worker was diagnosed as having ankle joint pain, foot pain, osteoarthritis of the ankle/foot, and hallux rigidus. Treatment to date has included bracing, physical therapy, injections, MRI, x-rays, arthroscopic surgery, and medication. Currently, the injured worker complains of worsening right foot pain in great toe. The Treating Physician's report dated March 16, 2015, noted the injured worker's current medications as Metformin and Glipizide. Physical examination was noted to show worsening tenderness to palpation of the first metatarsophalangeal (MTP) joint. The Physician dispensed a cortisone injection into the right metatarsophalangeal, and ordered a Kenalog injection and an intrabursal corticosteroid injection on the right side.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection to the right foot: Upheld

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

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 (Acute & Chronic), Injections (corticosteroid).

Decision rationale: The claimant is more than 4 years status post work-related injury, continues to be treated for right foot pain after a crush injury, and has worsening right first MTP pain. His past medical history included type II diabetes. An intra-articular corticosteroid injection is 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. Therefore, the request is not medically necessary.