

Case Number:	CM15-0061780		
Date Assigned:	04/07/2015	Date of Injury:	02/24/2011
Decision Date:	05/07/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/01/2015

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: New York
 Certification(s)/Specialty: Podiatrist

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 55 year old male, who sustained an industrial injury on February 24, 2011. He has reported back pain, knee pain, and left foot pain that began following knee surgery. Diagnoses have included tarsal tunnel syndrome, mononeuritis of the lower limb, and radiculopathy. Treatment to date has included medications, knee surgery, lumbar spine epidural steroid injection, imaging studies, and diagnostic testing. A progress note dated August 22, 2014 indicates a chief complaint of pain and numbness of the left foot. The treating physician requested functional foot orthoses and peripheral nerve blocks with cortisone injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Foot Orthoses: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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

Decision rationale: The MTUS guidelines state that rigid orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. While this patient does suffer with left foot pain, there is no indication that they are suffering from plantar fasciitis or metatarsalgia. In fact, their diagnoses include tarsal tunnel syndrome, mononeuritis of the lower limb, and radiculopathy. These diagnoses do not allow for recommendation of orthotics. Therefore, the request is not medically necessary.

Peripheral Nerve Block with cortisone injections to tarsal tunnel and sural nerve bi-weekly: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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

Decision rationale: The MTUS guidelines state that 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 injections for this patient are being used to treat tarsal tunnel and neuritis, which are not recommended by the MTUS guidelines. Therefore, the request is not medically necessary.