

Case Number:	CM15-0082252		
Date Assigned:	05/04/2015	Date of Injury:	12/01/2005
Decision Date:	06/03/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/29/2015

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:

This 60 year old female sustained an industrial injury on 12/1/05. She subsequently reported left lower extremity pain. Diagnoses include recurrent neuromas. Treatments to date include x-ray, nerve conduction and MRI testing, surgery, therapy, injections and prescription medications. The injured worker continues to experience left leg pain. Upon examination, normal range of motion of joints, normal strength was noted. Pain with palpation of digital first intermetatarsal space and third first intermetatarsal space was noted. A request for Corticosteroid Injection, Left Foot, Qty 2 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Corticosteroid Injection, Left Foot, Qty 2: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): table 14-6.

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

Decision rationale: MTUS guidelines, chapter 14 pg 371 advise 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. In this particular case the cortisone injections are recommended for interdigital neuromas, and do meet the above guidelines. The requested treatment is not medically necessary.