MAXIMUS Federal Services

Case Number:	CM15-0084589		
Date Assigned:	05/06/2015	Date of Injury:	06/24/2014
Decision Date:	08/19/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/04/2015

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 44 year old male, who sustained an industrial injury on 6/24/14. Initial complaint was of a fall sustaining a left foot calcaneal fracture. The injured worker was diagnosed as having status post left open reduction internal fixation intra-articular calcaneal fracture; post traumatic arthritis left subtalar joint; flatfoot deformity left foot; osteopenia. Treatment to date has included status post open reduction plate fixation (ORIF) of a left calcaneal fracture (7/14/14); medications. Diagnostics studies included CT scan left lower extremity without contrast (2/23/15). Currently, the PR-2 notes dated 4/6/15 indicated the injured worker is in the office as a follow-up regarding his left foot calcaneal fracture and repair of 7/14/14. He reports he has not has any physical therapy since his last visit as it has not been authorized. A physical examination is documented noting tenderness to palpation of the left subtalar joint site with inversion and eversion testing. There is pain with palpation of the calcaneal plate and screws along the incision site which is well-healed. He has pain with subtalar joint motion and there is a flatfoot deformity notes. The CT scan of the left lower extremity dated 2/23/15 impression notes status post ORIF calcaneal fracture, mild posterior tibial tendinopathy; suggestion of peroneal tendinopathy and mild subtalar joint osteoarthritis.
The provider is requesting authorization of left subtalar joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left subtalar joint injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot.

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) Chapter under Injections (corticosteroid).

Decision rationale: The 44 year old patient is status post left open reduction, internal fixation of intra-articular calcaneal fracture on 07/14/14, and presents with post-traumatic arthritis of subtalar joint, flatfoot deformity of left foot, and osteopenia, as per progress report dated 04/06/15. The request is for left subtalar joint injection. The RFA for the case is dated 04/08/15, and the patient's date of injury was 06/24/14. As per progress report dated 12/01/14, the patient has constant, moderately severe left heel pain that has improved 30% since starting the treatment. X-ray of the left foot, as per progress report dated 01/19/15, revealed arthritic changes throughout the subtalar joint. CT scan, dated 02/23/15, revealed mild posterior tibial tendinopathy and mild subtalar joint arthritis. The patient is off work until 05/01/15, as per PTP report dated 12/01/15. The ODG-TWC, Ankle & Foot (Acute & Chronic) Chapter under Injections (corticosteroid) states: "Not recommended for tendonitis or Morton's Neuroma, and not recommend intra-articular corticosteroids. Heel pain (plantar fasciitis): Under study. There is no evidence for the effectiveness of injected corticosteroid therapy for reducing plantar heel pain. (Crawford, 2000) Tendon (Achilles tendonitis): Not Cortisone injections in the area of the Achilles tendon are controversial because cortisone injected around the tendon is harmful and can lead to Achilles tendon ruptures...." In this case, progress reports do not indicate prior subtalar injection. In report dated 04/06/15, the treating physician is requesting for the procedure "to see how much relief this will give the patient." The treater further states that the patient may require a subtalar fusion but “will first see how patient does transitioning out of the cast boot into his regular athletic-style shoe gear with help of physical therapy and a potential subtalar injection." ODG guidelines, however, do not recommend injections for ankle pain due to lack of evidence regarding "the effectiveness of injected corticosteroid therapy for reducing plantar heel pain." Hence, the request IS NOT medically necessary.