

<b>Case Number:</b>	CM15-0087758		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	12/07/2012
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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 55 year old female, who sustained an industrial injury on 12/7/2012. Diagnoses have included lesion of plantar nerve and other acquired deformity of ankle and foot. Treatment to date has included surgery, foot orthosis and medication. According to the progress report dated 4/3/2015, the injured worker was eighteen months post her left third intermetatarsal space neurectomy. She still had difficulty being on her feet for prolonged periods. She still felt scarring inside her foot. Physical exam revealed the surgical scar to be nearly invisible. There was scarring and tenderness in the left third intermetatarsal space, especially at the third and fourth metatarsal neck area. An injection was given from dorsal the left third intermetatarsal space. The injured worker had been released to full duty work status at the visit dated 2/11/2015. Authorization was requested for a cortisone injection to left third intermetatarsal space.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Cortisone Injection to Left Third Intermetatarsal Space:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): Cortisone Injections, page 371. Decision based on Non-MTUS Citation ODG, Ankle & Foot, Corticosteroids, page 13.

**Decision rationale:** ACOEM guidelines there were no proven efficacy for invasive injections for the ankle/foot with exception of possible cortisone injections for diagnoses of Morton's neuroma, plantar fasciitis or heel spur, none of which are acutely identified on clinical exam. ODG noted the limited effectiveness of local corticosteroid therapy only recommended for diagnosis of plantar heel pain. Submitted reports have not demonstrated support for the steroid injection outside guidelines criteria. The Retrospective: Cortisone Injection to Left Third Intermetatarsal Space is not medically necessary and appropriate.