

Case Number:	CM14-0130550		
Date Assigned:	08/20/2014	Date of Injury:	12/14/2012
Decision Date:	09/29/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/15/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 64-year-old male who reported an injury on 12/14/2012 reportedly while he was using a high pressure hose when the hose became loose from his hand and began hosing out of control. As he attempted to place his foot on the high pressure hose, it blasted his foot, going through his shoe, and lacerating his right foot. He stated he had 2 toes amputated as a result of this injury. The injured worker's treatment history included surgery, medications, Functional Capacity Evaluation, and psychotherapy sessions. The injured worker was evaluated on 07/21/2014, and it was documented the injured worker had discomfort with the dorsum and plantar surface of his foot at the 2-3 MT heads. There was also discomfort where the dorsum of the foot where the skin is less mobile. Medications included Benazepril/hydrochlorothiazide and aspirin. The injured worker was evaluated on 08/11/2014. It was documented that the injured worker was there for an appliance check for functional orthotic appliance for treatment of symptomatic foot. Objective findings revealed symptomatic regions were not tender to touch or full weight bearing and range of motion. Subtalar joint motion controlled. The orthotic seems to be working. The Request for Authorization or rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right foot Kenalog injections x7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Official Disability Guidelines, Ankle and Foot Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376-377.

Decision rationale: The request is not medically necessary. According to the California MTUS/ACOEM, state that for patients with point tenderness in the area of heel spurs, plantar fasciitis or Morton's neuroma, local injection of lidocaine and cortisone solution are recommended. However, the provider failed to indicate the medical necessity of the corticosteroid injection consisting of Kenalog and Marcaine. The provider failed to indicate VAS outcome measurements after injured worker takes pain medications. Given the above, the request for right foot Kenalog injections x7 is not medically necessary.