

Case Number:	CM14-0165180		
Date Assigned:	10/10/2014	Date of Injury:	06/24/2011
Decision Date:	11/13/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/07/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic ankle and foot pain reportedly associated with an industrial injury of June 24, 2011. In a Utilization Review Report dated October 3, 2014, the claims administrator denied a request for three cortisone injections with anesthesia at two weeks apart for the right and left feet. The claims administrator, in its denial, invoked non-MTUS Medscape Guidelines, despite the fact that the MTUS addressed the topic. Thus far, the applicant has been treated following: Analgesic medications; transfer of care to and from various providers in various specialties; and foot orthosis. The applicant's attorney subsequently appealed. In a September 24, 2014 appeal letter, the attending provider noted that the applicant had persistent complaints of pain and burning sensation about top of both feet. Tenderness is appreciated about the bilateral dorsal first inner metatarsal spaces. Multiple cortisone injections to the feet were sought. The stated diagnoses were ganglion cyst, metatarsalgia, and onychia. Injections were being sought at a rate of three weeks apart. In a September 10, 2014 progress note, authorization was sought for new shoes and replacement of the applicant's custom foot orthosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection of cortisone with anesthesia three times at two weeks apart for each injection, for the right foot (#3): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapman's Orhtopaedic Surgery, 2001, Lippincott Williams & Wilkins, Philadelphia, 530 Walnut Street, Philadelphia, PA 19106 USA, LWW.com, 0-7817-1487-7, On-line Edition; and the Non-MTUS Medscape Online Medical Text, Orthopedic Chapter, Sub-section :Ganglion Cyst Treatment & Management," Author: Renee Genova; Chief Editor; Harris Gellman, MD- Notes Thornburg[2]

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter, Table 14-6, page 376, repeated or frequent injections are deemed "not recommended." In this case, the request for a series of three injections, thus, runs counter to ACOEM principles and parameters. If, for instance, the applicant were to experience a complete resolution of symptoms following the first injection, this would obviate the need for further injections. Similarly, if the applicant would have an adverse reaction following the first injection, this would likewise represent a contraindication to pursuing the additional two injections. Therefore, the request of Injection of cortisone with anesthesia three times at two weeks apart for each injection, for the right foot (#3) is not medically necessary and appropriate.

Injection of cortisone with anesthesia three times at two weeks apart for each injection, for the left foot (#3): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapman's Orhtopaedic Surgery, 2001, Lippincott Williams & Wilkins, Philadelphia, 530 Walnut Street, Philadelphia, PA 19106 USA, LWW.com, 0-7817-1487-7, On-line Edition; and the Non-MTUS Medscape Online Medical Text, Orthopedic Chapter, Sub-section :Ganglion Cyst Treatment & Management," Author: Renee Genova; Chief Editor; Harris Gellman, MD- Notes Thornburg[2]

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, Table 14-6, page 376, repeated or frequent injections are deemed "not recommend." If, for instance, the applicant were to experience an adverse reaction following the first injection, this would represent a contraindication towards pursuit of the subsequent two injections. Similarly, if the applicant experienced a complete resolution of symptoms following the first injection, this would obviate the need for the two successive injections. The request, thus, as written, runs counters to ACOEM principles and parameters. Therefore, the request Injection of cortisone with anesthesia three times at two weeks apart for each injection, for the left foot (#3) is not medically necessary and appropriate.