

Case Number:	CM15-0106672		
Date Assigned:	06/15/2015	Date of Injury:	02/18/2013
Decision Date:	07/17/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/03/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 32 year old female, who sustained an industrial injury on 2/18/2013. She reported a trip and fall subsequently suffering a spiral fracture of the fifth metatarsal. Diagnoses include closed fracture of the foot and status post bilateral plantar fascial ruptures with plantar fasciitis. Treatments to date include activity modification, walking boot, physical therapy, and cortisone injections with documentation of three to four weeks relief of pain. Currently, she complained of pain beginning to return following a cortisone injection provided 3/12/15. On 5/14/15, the physical examination documented pain in the 3, 4, and 5 metatarsals. The plan of care included cortisone injections for left foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Ankle and Foot, Acute and Chronic, Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

Decision rationale: The ACOEM Chapter 2 on General Approaches indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is no rationale provided to support the use of cortisone injection. Furthermore, no specific body part has been requested. Therefore, at this time the requirements for treatment have not been met, and medical necessity has not been established. The request is not medically necessary.