

Case Number:	CM15-0019061		
Date Assigned:	02/06/2015	Date of Injury:	04/22/2011
Decision Date:	03/25/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/02/2015

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: New York
 Certification(s)/Specialty: Podiatrist

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 46 year old male with an industrial injury dated 04/22/2011. He was working as a police officer at a crime scene walking over some rocks when he rolled his right ankle, developing right ankle pain. He presented on 1/16/2015 with complaints of right ankle pain rated as 5/10 at its worst and 3/10 at its best. Examination of the right ankle reveals moderate pain to palpation over the calcaneofibular ligament. The anterior drawer sign at the right ankle is equivocal. Inversion stress at the right STJ (subtalar joint) is positive with one plus edema of the right ankle joint. Decreased range of motion was noted. MRI on 08/18/2011 demonstrated a tear of the ATF, a small un-united medial malleolar fragment, mild peroneus brevis fraying and chronic medial cord plantar fasciitis. On 09/08/2011 a right ankle modified Borstrom ligament reconstruction and repair of a partial peroneus brevis tendon tear was done. Post-operative he underwent approximately 24 sessions of physical therapy. Other treatment was steroid injections to the right ankle and medications. X-ray reports are documented in the 01/16/2015 note. Diagnosis was sinus tarsi syndrome, right subtalar joint, peroneal tendonitis, plantar fasciitis and calcaneo-fibular (ligament) ankle tear or attenuation, right ankle. Other diagnoses are documented in the note. On 01/30/2015 the request for series of three corticosteroid injections at the STJ tarsal sinus, right lower extremity was non-certified by utilization review. MTUS/ACOEM and ODG were cited. The request for bilateral prescription foot orthotics 4 units of plaster splints was non-certified by utilization review. MTUS/ACOEM and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of 3 Corticosteroid Injections at the STJ tarsal sinus, right LE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that the series of 3 Corticosteroid Injections to the STJ tarsal sinus, right LE are not medically reasonable or necessary for this patient at this time according to the guidelines. The MTUS guidelines state that invasive techniques (e.g., needle acupuncture and injection procedures) have no proven value, with the exception of corticosteroid injection into the affected web space in patients with Morton's neuroma or into the affected area in patients with plantar fasciitis or heel spur if four to six weeks of conservative therapy is ineffective. The proposed corticosteroid injections are to be placed into the sinus tarsi of this patient, which is not a recommended area as noted above; therefore, this request is not medically necessary.

Bilateral Prescription Foot Orthotic 4 units of Plaster splints: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that bilateral Prescription Foot Orthotics, 4 units of Plaster splints is not medically reasonable or necessary for this patient at this time according to the enclosed guidelines. The MTUS guidelines state that, rigid orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. This patient has ankle pain and ankle tendon and ligament pathology, and orthotic therapy is not recommended for treatment of this type of pathology, therefore this request is not medically necessary.