

<b>Case Number:</b>	CM15-0111609		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	06/06/2000
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: Family Practice

### 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 69-year-old male, who sustained an industrial injury on 6/7/00. He reported a fracture of 5th metatarsal. The injured worker was diagnosed as having Acute on chronic bilateral foot pain secondary to diabetic peripheral neuropathy, left Charcot foot, opioid tolerance, depression and anxiety. Treatment to date has included custom shoes, motorized scooter, electronic debridement of right plantar lesion, injections of left bursa with cortisone, oral medications including Norco and activity restrictions. (MRI) magnetic resonance imaging revealed bursa in left foot. Currently, the injured worker complains of discomfort at area of hardened tissue on bottom of right foot and ongoing problems associated with a painful soft tissue mass on left foot. Physical exam noted significant soft tissue mass on the plantar aspect of the left foot consistent with a bursa. A request was submitted for 2 corticosteroid injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cortisone injection left foot:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ankle and foot chapter, injections (corticosteroid).

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

**Decision rationale:** This patient receives treatment for chronic left foot pain. The patient had a fracture of the 5th metatarsal and has developed a Charcot foot. These relate back to an industrial injury on 06/07/2000. This review addresses a request for 2 cortisone injections. The patient did receive one L foot injection into the bursa. The treatment guidelines do not recommend repeat injections, as data from well designed clinical trials do not support this treatment. In addition, the injury occurred in 2000. There is no documentation regarding previous treatment involving plantar tissues by injections and any response to this treatment. Based on the documentation, repeat plantar injections is not medically indicated.