

Case Number:	CM15-0178594		
Date Assigned:	09/18/2015	Date of Injury:	12/04/2008
Decision Date:	10/29/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/10/2015

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: Texas, 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:

This is a 66 year old female patient, who sustained an industrial injury on 12-04-2008. She sustained the injury due to slipped forward and landed on her right foot. The diagnoses include status post dislocation second digit at the metatarsophalangeal joint, right foot; chronic arthralgia second metatarsophalangeal joint, right foot with instability to the second digit at the metatarsophalangeal joint consistent with a plantar plate rupture, post traumatic arthrofibrosis with medial impingement lesion, right ankle, chronic metatarsalgia. Per the doctor's note dated 04-28-2015 and 08-12-2015 she had ongoing right foot pain, rated 3 out of 10, increased to 5 out of 10 with weight bearing activities, and right ankle pain, rated 3 out of 10, increased to 7 out of 10 with weight bearing activities. The physical examination dated 04-28-2015 and 08-12-2015, revealed ongoing atrophy to the right calf and 2+ edema to the right ankle with moderate tenderness to the right ankle, tenderness over the plantar aspect of the second metatarsophalangeal joint at the plantar plate with positive dorsal Drawer's consistent with instability to the second digit at the metatarsophalangeal joint consistent with a plantar plate rupture. The medications list includes toprol XL, proventil, flonase and Qvar. She has had a MRI of the right foot and ankle (2009) which showed moderate diffuse muscular atrophy about the ankle, moderate degenerative changes at the tarsal-metatarsal articulation with minor spurring, and mild subchondral edema at the base of the 2nd metatarsal, a mild plantar calcaneal spur, and mild degenerative changes to the 1st metatarsophalangeal joint and mid foot. She has undergone metatarsal surgery on both feet to the fifth digits bilaterally on unspecified date. Relevant treatments have included orthotics, cortisone injections to the 2nd digit of the right foot and to the right ankle on unspecified date (no indication of benefit), compression stockings, and physical therapy (PT), and pain medications. The request for authorization (08-12-2015) shows that the following procedures were requested: 2

outpatient cortisone injections to the 2nd and 3rd digits of the right foot. The original utilization review (08-19-2015) denied the request for 2 outpatient cortisone injections to the 2nd and 3rd digits of the right foot based on the lack of documentation in regards to previous injections (including: date of procedure, outcome and how long relief lasted).

IMR ISSUES, DECISIONS AND RATIONALES

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

Two outpatient cortisone injections to the 2nd and 3rd digits of the right foot: 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) Ankle and Foot.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods.

Decision rationale: Per the cited guidelines "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." Per the records provided the patient had cortisone injections to the 2nd digit of the right foot and to the right ankle on an unspecified date. The response to this previous injection in terms of decreased pain and functional improvement and decreased need for medications is not specified in the records provided. Failure of conservative therapy is not specified in the records provided. The medical necessity of Two outpatient cortisone injections to the 2nd and 3rd digits of the right foot is not fully established for this patient.