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| Case Number: | CM15-0178891 | | |
| Date Assigned: | 09/21/2015 | Date of Injury: | 10/08/2012 |
| Decision Date: | 10/22/2015 | UR Denial Date: | 08/20/2015 |
| Priority: | Standard | Application Received: | 09/11/2015 |

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: Arizona, 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 57 year old female injured worker suffered an industrial injury on 10-8-2012. The diagnoses included right peroneal tendinitis and right mid foot degenerative joint disease. On 8-12-2015 the treating provider reported pain in the right midfoot and ankle. She was requesting injections to help with pain. On exam there was mild edema and pain was noted along the right lateral ankle along the peroneal tendon sheath. Significant pain was again noted at the fourth and fifth tarsometatarsal joints, which had been present for approximately the past 2 years. The Utilization Review on 8-20-2015 determined non-certification for Right peroneal tendon sheath injection and Right fourth/fifth tarsometatarsal joints injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right peroneal tendon sheath injection: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Ankle & Foot Procedure Summary.

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

Decision rationale: According to the guidelines, injections are indicated for heel spur, Morton's neuroma and plantar fasciitis. In this case, the claimant does not have the above diagnoses. The physician had previously suggested tenolysis of the right peroneus longus tendon sheath. Therefore the request for the injection is not medically necessary.

Right fourth/fifth tarsometatarsal joints injection: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Ankle & Foot Procedure Summary.

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

Decision rationale: According to the guidelines, injections are indicated for heel spur, Morton's neuroma and plantar fasciitis. In this case, the claimant does not have the above diagnoses. The physician had previously suggested arthroplasty of the right fourth fifth tarsometatarsal joints. Therefore the request for the injection is not medically necessary.