

Case Number:	CM15-0046762		
Date Assigned:	03/18/2015	Date of Injury:	04/20/2014
Decision Date:	04/23/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/11/2015

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: 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 58 year old female, who sustained an industrial injury on April 20, 2014. She reported bilateral foot pain, right shoulder pain and low back pain. The injured worker was diagnosed as having lumbar and right shoulder muscle strain. Treatment to date has included diagnostic studies, conservative treatment modalities, cortisone injections to the bilateral feet, medications, orthotics, and work restrictions. Currently, the injured worker complains of bilateral foot pain, mild shoulder pain and aching and stiffness in the lumbar and right glute area. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She was treated conservatively and with pain injections without complete resolution of the pain. It was noted the shoulder and back pain was improving however, the bilateral foot pain was persistent. It was noted she had tried orthotics in the shoes causing increased pain. Evaluation on November 11, 2014, revealed continued pain. The treatment plan included additional orthotics, injections and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuroma injection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371, 376. Decision based on Non-MTUS Citation ODG Ankle and foot chapter; Injections (corticosteroid).

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

Decision rationale: According to the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that the recommended neuroma injection is medically reasonable and necessary for this patient. The progress notes advised that this patient suffers with painful neuroma second interspace as well as intra-metatarsal neuritis. 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 injection is being recommended for the neuroma, therefore meets the above criteria and is medically necessary.