

Case Number:	CM15-0069652		
Date Assigned:	04/17/2015	Date of Injury:	12/20/2013
Decision Date:	05/18/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/13/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 48 year old female, who sustained an industrial injury on 12/20/2013. Diagnoses include ankle pain, pain in limb, ankle/foot pain and fracture of right cuboid bone with delayed healing and right foot pain. Treatment to date has included diagnostics, medications, injections, orthotics and modified work. Per the Primary Treating Physician's Progress Report dated 2/18/2015, the injured worker reported foot and ankle pain rated as 3-5/10. Physical examination revealed tenderness to the midshaft of the second metatarsal, midshaft of the third metatarsal, midshaft of the fourth metatarsal and foot diffusely. The plan of care included diagnostics, follow-up care and modified work. Authorization was requested for cortisone injections times two for the right bursa.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection with celestone for right bursa, quantity 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ankle and Foot Complaints Page(s): 376.

Decision rationale: According to MTUS guidelines, ankle and foot injection could be recommended in case of patients with point tenderness in the area of a heel spur, plantar fasciitis, or Mortons neuroma, local injection of lidocaine and cortisone solution. However there no strong evidence supporting these indications. There is no justification for 2 injections without evidence of efficacy for the first one. Therefore, the request for Cortisone injection with celestone for right bursa, quantity 2 is not medically necessary.