

Case Number:	CM14-0152701		
Date Assigned:	09/22/2014	Date of Injury:	03/30/2011
Decision Date:	11/05/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/18/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 60-year-old male with a 3/30/11 date of injury, and right ankle arthroscopy with synovial debridement, repair of lateral ligament complex, and repair of partial peroneus longus tear on 1/23/14. At the time (9/5/14) of the Decision for Outpatient right foot ultrasound-guided corticosteroid injection, right third common digital nerve, there is documentation of subjective (pain on the anterolateral leg) and objective (multiple abrasions on the anterior right leg, tenderness over the area superior to the ankle and over the extensor longus tendons over the midfoot area) findings, current diagnoses (extensor tendinitis - Morton's neuroma), and treatment to date (medications and physical therapy).

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient right foot ultrasound-guided corticosteroid injection, right third common digital nerve: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: MTUS reference to ACOEM identifies documentation of Morton's neuroma, plantar fasciitis, or heel spur despite failure of four to six weeks of conservative therapy, as criteria necessary to support the medical necessity of corticosteroid injection to the foot/ankle. Within the medical information available for review, there is documentation of a diagnosis of extensor tendinitis - Morton's neuroma. In addition, there is documentation of failure of four to six weeks of conservative therapy (medications and physical therapy). Therefore, based on guidelines and a review of the evidence, the request for right foot ultrasound-guided corticosteroid injection, right third common digital nerve is medically necessary.