

Case Number:	CM13-0009084		
Date Assigned:	10/11/2013	Date of Injury:	07/22/2009
Decision Date:	01/21/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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:

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The underlying date of injury in this case is 07/22/2009. The reference diagnosis is 845.0 or an ankle sprain. The patient is a 47-year-old teacher's assistant who fell in the course of her work injuring her right shoulder, her right wrist, her right knee, and her right ankle. The patient underwent surgery to her right shoulder and her right knee and continued thereafter with pain in her right ankle and her right wrist. On 07/15/2013, the patient was seen in podiatry follow up for casting for prescriptive functional orthotics and reevaluation. The patient had ongoing pain. The treating physician requested corticosteroid injections and noted that he had also previously requested these on 10/09/2012. In that note of 10/09/2012, the treating physician stated the patient was status post a twisting injury to the right ankle and foot with a probable sinus tarsi syndrome with a sprain of the subtalar joint and mid-tarsal joint and ankle joint. The treating physician recommended a corticosteroid injection at that time to the right ankle and to the sinus tarsi of the right foot. An initial physician review noted that there was no documentation that the patient had tenderness accentuated with dorsiflexion or relieved with plantar flexion, and the patient did not have findings of a positive Tinel's over the sinus tarsi, and the patient has recently received a prescription for functional orthotics. Thus, a cortisone injection was not supported by the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for a corticosteroid injection to the right sinus tarsi, subtalar joint and right ankle: Upheld

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

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

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) Guidelines, Chapter 14 Ankle, page 371, states, "Invasive techniques, e.g., injection procedures, have no proven value with the exception of corticosteroid injection into the affected webspace in patients with Morton's neuroma or into the affected area in patients with plantar fasciitis or heel spur if 4-6 weeks of conservative therapy is ineffective." The patient does not meet these criteria nor do the medical records document an alternative rationale for the requested injection treatment. Considering these factors as well as alternative treatment which are in progress, overall the guidelines do not support this request. This request is not medically necessary.