

Case Number:	CM13-0024971		
Date Assigned:	01/15/2014	Date of Injury:	09/15/2010
Decision Date:	03/20/2014	UR Denial Date:	09/02/2013
Priority:	Standard	Application Received:	09/11/2013

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 has a subspecialty in Interventional Spine 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 patient is a 62-year-old female with date of injury on 09/15/2010. The utilization review letter dated 09/02/2013 indicates that the patient is being treated for chronic ankle pain and is status post open reduction and internal fixation from September 2010. The progress report dated 07/26/2013 by [REDACTED] indicated that the patient had persistent pain over the lateral border of her foot. The treating physician felt that it was most likely hardware-related irritation. In discussion with the patient regarding options including hardware removal versus steroid injection indicated the patient was not ready to undergo another major operation at that time and wanted to proceed with steroid injection as an interim measure. A 10 mg Kenalog and 4 mL of 1% lidocaine was injected at the site of maximal tenderness. Utilization Review issued non-certification of the retrospective corticosteroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

One injection of 10mg Kenalog and 4cc of 1% Lidocaine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement(ICS);2006 Jul, pg 33.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Corticosteroid injections for the ankle.

Decision rationale: The patient continues with chronic foot and ankle pain secondary to right calcaneus fracture in 2010. The treating physician was considering hardware removal and provided the patient with an option of a steroid injection as there was significant tenderness over the peroneal tendon insertion. ACOEM Guidelines page 371 states that invasive techniques (example: 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 patient's with plantar fasciitis or heel spur if 4 to 6 weeks of conservative therapy is ineffective. ODG Guidelines were also reviewed, which states that corticosteroid injections are not recommended for tendinitis or Morton's neuroma, and not recommended intraarticular corticosteroids, under study for heel pain. In this case, the requested injection is for tendonitis pain. Given the lack of guidelines support, recommendation is for denial.