

<b>Case Number:</b>	CM13-0032732		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	08/25/2010
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 patient is a 39 year old male who reported a work-related injury on 08/25/2010, as a result of a fall. The patient subsequently presents for treatment of the following diagnoses: open bimalleolar fracture with syndesmosis disruptions, status post open reduction and internal fixation, and subsequent syndesmosis of screw removal. The patient presents for treatment of continued right ankle pain. The clinical note dated 09/12/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient presents 2.5 weeks postoperative to a debridement about the ankle. The provider documents the patient's range of motion had improved; however, there is pain with range of motion, as well as swelling of the joint. The provider documented the patient was most likely having a flare-up of synovitis and inflammatory changes within the ankle joint, given his improved range of motion secondary to surgery. The provider documented the patient has a significant amount of traumatic arthritis present. The provider recommended a request for authorization for a corticosteroid injection to the right ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Corticosteroid Injection to Right Ankle:** Upheld

**Claims Administrator 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), Ankle-Foot Procedure Summary

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

**Decision rationale:** The current request is not supported. Clinical documentation submitted for review failed to evidence the patient's utilization of postoperative physical therapy and the patient's current medication regimen. California MTUS/ACOEM indicates invasive techniques 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 to 6 weeks of conservative therapy is ineffective. Given all the above, the request for corticosteroid injection to the right ankle is not medically necessary or appropriate.