

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0040799 | | |
| Date Assigned: | 12/20/2013 | Date of Injury: | 07/13/2012 |
| Decision Date: | 03/10/2014 | UR Denial Date: | 10/17/2013 |
| Priority: | Standard | Application Received: | 10/29/2013 |

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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 37 year old male who reported an injury on 07/19/2012 due to being run into with a golf cart and reportedly sustained injury to his right ankle. The patient was treated conservatively with physical therapy, assisted ambulation and medications. Due to unresolved pain of the right ankle, the patient underwent electrodiagnostic studies of the right lower extremity that revealed evidence of tarsal tunnel syndrome. The patient's most recent clinical examination findings included a positive Tinel's sign over the right tibial nerve and mild signs of plantar tenderness, consistent with plantar fasciitis. The patient's diagnoses included an Achilles strain of the right ankle and a sprain of the right ankle. The patient's treatment plan included a neurological evaluation, an ankle brace and continued ambulation with a cane.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided injection of right tarsal tunnel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The requested ultrasound-guided injection of the right tarsal tunnel is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has persistent pain complaints of the right ankle, consistent with tarsi

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot Chapter, Injections (corticosteroid).

Decision rationale: The requested ultrasound-guided injection of the right tarsal tunnel is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has persistent pain complaints of the right ankle, consistent with tarsal tunnel syndrome. The Official Disability Guidelines do not support the use of intra-articular corticosteroid injections for the ankle due to limited evidence of long-term efficacy. The clinical documentation submitted for review does not provide any exceptional factors to support extending treatment beyond guideline recommendations. As such, the requested ultrasound-guided injection of the right tarsal tunnel (Quantity: 1.00) is not medically necessary or appropriate.