

<b>Case Number:</b>	CM13-0041984		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	02/17/2012
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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 Occupational Medicine and Internal Medicine 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 74-year-old male with a 2/17/12 date of injury. At the time (7/10/13) of request for authorization for right ankle ultrasound guided cortisone injection, there is documentation of subjective (right ankle and right foot pain) and objective (diffuse swelling, TTP anterior/medial joint, positive laxity) findings, current diagnoses (s/p right foot crush injury with fracture anterior calcaneus, navicular, and cuneiform), and treatment to date (medication and acupuncture). There is no documentation of Morton's neuroma, plantar fasciitis, or heel spur and four to six weeks of conservative therapy is ineffective.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RIGHT ANKLE ULTRASOUND GUIDED CORTISONE INJECTION: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 1044-1046.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 301.

**Decision rationale:** The Expert Reviewer's decision rationale: MTUS reference to ACOEM identifies documentation of Morton's neuroma, plantar fasciitis, or heel spur if four to six weeks

of conservative therapy is ineffective, 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 diagnoses of s/p right foot crush injury with fracture anterior calcaneus, navicular, and cuneiform. However, there is no documentation of Morton's neuroma, plantar fasciitis, or heel spur and four to six weeks of conservative therapy is ineffective. Therefore, based on guidelines and a review of the evidence, the request for right ankle ultrasound guided cortisone injection is not medically necessary.