MAXIMUS Federal Services

Case Number:	CM13-0053751		
Date Assigned:	12/30/2013	Date of Injury:	12/29/2003
Decision Date:	06/19/2014	UR Denial Date:	11/10/2013
Priority:	Standard	Application Received:	11/18/2013

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 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 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:

The patient is a 50-year-old male who was injured on 12/29/03. He has been diagnosed with foot pain; neck pain; paresthesia; knee pain; medial meniscal tear; shoulder pain; and superior glenoid labrum lesion. According to the 10/16/13 report from [redacted], the patient presents with neck pain and muscle weakness, and a paresthesia. [redacted] provided an ultrasound guided injection to the lateral ankle. He had the procedure done a year previously, with excellent response. He provided the injection to the peroneus longus tendon sheath proximal to the lateral malleolus. On 11/12/13, the utilization reviewer (UR) denied the cortisone injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) CORTISONE INJECTION: 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 and Foot (Acute and Chronic).

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

Decision rationale: According to the 10/16/13 report, the patient presents with neck pain and muscle weakness and a paresthesia. The treating physician provided an ultrasound guided injection to the lateral ankle. He had the procedure done a year previously, with excellent response. The physician provided a cortisone injection to the peroneus longus tendon sheath at the lateral aspect of the ankle. The MTUS/ACOEM Guidelines indicate that "Invasive techniques (e.g., 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 patients with plantar fasciitis or heel spur if four to six weeks of conservative therapy is ineffective." The cortisone injection was not to the web space and there is no diagnosis of Morton's neuroma. The ankle cortisone injection on 10/16/13 to the tendon sheath is not in accordance with the MTUS/ACOEM Guidelines.