

Case Number:	CM14-0104476		
Date Assigned:	07/30/2014	Date of Injury:	02/20/2013
Decision Date:	09/30/2014	UR Denial Date:	06/28/2014
Priority:	Standard	Application Received:	07/07/2014

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 Family 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:

This is a 44 year old male patient who reported an industrial injury on 2/20/2013, 19 months ago, attributed to the performance of his customary job tasks reported as a wood panel fell onto his right ankle. The patient has been treated for the diagnosis of a right ankle sprain. The subsequent MRI of the right ankle documented evidence of a comminuted nondisplaced fracture on the posterior and medial malleoli of the distal tibia. The patient was treated with immobilization; medications; and physical therapy. The patient received acupuncture treatments without any significant functional improvement. The patient complained of continued right ankle pain described as burning in the lateral aspect radiating proximally into the distal tibia, which was aggravated by prolonged standing and walking. The objective findings on examination included one plus edema over the lateral ligament complex and dorsal tibiotaylor joint, restricted range of motion, pain along the lateral ligament complex, one plus anterior drawer test, tenderness along the proximal tibiotalar joint. A repeated MRI of the right ankle dated 10/9/2013 documented almost complete healing of the previously described fracture with minimal minor residual deformity. The patient subsequently complained of continued pain to the right ankle. The objective findings on examination also included a degree of moderate planter fasciitis to the right foot; some degree of lateral instability in the right ankle; some obvious lateral ankle impingement with clicking in the right lateral gutter; subtalar joint range of motion was limited on the right while range of motion with dorsiflexion and plantar flexion appeared satisfactory. X-rays demonstrated no signs of fracture or dislocation in the ankles and feet. The treatment plan included right lateral joint corticosteroid injections with ultrasound x3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Ankle Lateral Joint Injection with Ultrasound x 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, online edition- (Ankle & Foot).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) foot and ankle chapter-injections.

Decision rationale: The ACOEM Guidelines 2nd edition and the Official Disability Guidelines recommend up to three corticosteroid injections to tendon sheaths for tendinitis. The provision of the injections should be later evaluated with a functional assessment to determine the efficacy of the provided corticosteroid injection. The request for corticosteroid injection is not recommended to the ankle joint due to the lack of evidence available to demonstrate efficacy as opposed to the knee joint. The use of corticosteroid injections times three to the ankle is not supported by evidence-based medicine. There is no evidence of functional improvement with the use of the corticosteroid injections. There is no rationale supported with objective evidence provided by the treating physician to override the recommendations of the official disability guidelines. There is no demonstrated medical necessity for the requested corticosteroid injections to the right ankle lateral joint with ultrasound x3.