MAXIMUS Federal Services

Case Number:	CM14-0108351		
Date Assigned:	08/01/2014	Date of Injury:	11/08/2010
Decision Date:	10/02/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/11/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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 injured worker is a 39-year-old female with a reported date of injury on 11/08/2010. The mechanism of injury was noted to be from a fall. Her diagnoses are noted to include status post ankle sprain, secondary to fall and weakness, myalgia left greater than right, bursitis left greater than right, capsulitis left greater than right, edema left greater than right, and pain left greater than right. Her previous treatments were noted to include Unna boot, medications, orthotics, and injections. The progress note dated 05/29/2014 revealed complaints of bilateral ankle pain, especially the left ankle, had been extremely painful. The injured worker reported the application of the Unna boot helped very minimally with the pain. The injured worker reported she was interested in getting an injection to the left ankle and had been utilizing the topical creams. The injured worker was not utilizing any assistive devices and stated the pain was 8/10 on the left side and 5/10 to 6/10 on the right side. The physical examination revealed hypersensitivity of the lateral sural (L4-S2), sural (S1, S2), nerves left and moderate hypersensitivity on the right. Localized edema was noted to the bilateral ankles, left greater than right, and had worsened since the last visit. There was increased pain with palpation of the bilateral sinus tarsi, bilateral peroneals, and with distraction/impaction of ankle joints, calves, and with ankle joint to dorsiflexion/plantar flexion, left greater than right, had worsened since the last visit. The weight bearing examination revealed an antalgic gait by putting all the pressure on the contralateral side without the use of any devices. The provider indicated he had performed an ultrasound diagnostic study to the left ankle that showed joint effusion of the left ankle and no signs of tears or ruptures. The provider indicated he performed an ultrasound guided injection of the left sinus tarsi with 2.5 cc of 1% Xylocaine and 0.5 cc methylprednisolone acetate. The Request for Authorization form was not submitted within the medical records. The request was for 1 drain/int joint/bursa injection, 1 ultrasound guidance with injection, and 1 diagnostic

ultrasound to the left ankle; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 drain/int joint/ bursa injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Injections (Corticosteroid).

Decision rationale: The request for 1 drain/int joint/bursa injection is not medically necessary. The injured worker received an ultrasound guided corticosteroid injection to the left ankle. The Official Disability Guidelines do not recommend corticosteroid injections for tendonitis or Morton's neuroma, and it is not recommended for intra-articular corticosteroids. The injections are under study for heel pain. There is no evidence for the effectiveness for injected corticosteroid therapy for use of plantar heel pain. The guidelines do not recommend cortisone injections in the area of the Achilles tendon because it is controversial because cortisone injected around the tendon is harmful and can lead to Achilles tendon ruptures. The guidelines do not recommend intra-articular corticosteroids. The guidelines state most evidence for the efficacy of intra-articular corticosteroids is confined to the knee, with few studies considering the joints of the foot and ankle. No independent clinical factors were identified that could predict a better post injection response. Evidence is limited. The guidelines do not recommend corticosteroid injections and therefore, the drain/int joint/bursa injection is not appropriate. Therefore, the request for 1 drain/int joint/bursa injection is not medically necessary.

1 ultrasound guidance with injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Injections (Corticosteroids).

Decision rationale: The request for 1 ultrasound guidance with injection is not medically necessary. The injured worker received an injection to her left ankle. The guidelines state corticosteroid injection is more efficacious and multiple times more cost effective than electro shockwave therapy in the treatment of plantar fasciopathy. This randomized controlled trial concluded that a single ultrasound guided dexamethasone injection provides greater pain relief than placebo at 4 weeks and reduces abnormal swelling of the plantar fascia for up to 3 months, but significant pain relief did not continue beyond 4 weeks. The previous request for the

injection was deemed not medically necessary and therefore, ultrasound guidance for the injection is not appropriate. Therefore, the request is not medically necessary.

1 diagnostic ultrasound left ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot (Acute and Chronic)

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, Ultrasound, Diagnostic.

Decision rationale: The request for 1 diagnostic ultrasound left ankle is not medically necessary. The provider performed a diagnostic ultrasound to the left ankle. The Official Disability Guidelines recommend diagnostic ultrasound for chronic foot pain with burning pain in parentheses along the plantar surface of the foot and toes, suspected of having a tarsal tunnel syndrome, pain in the 3/4 web space with radiation to the toes, Morton's neuroma is clinically suspected, a young athlete presenting with localized pain of the plantar aspect of the heel, plantar fasciitis is suspected clinically. There is a lack of documentation regarding clinical findings or suspicions of tarsal tunnel syndrome, Morton's neuroma, or plantar fasciitis to warrant an ultrasound of the left ankle. Therefore, the request is not medically necessary.