

<b>Case Number:</b>	CM14-0115949		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	05/03/2012
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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 Occupational 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:

The claimant injured his right ankle on 05/03/12. An ultrasound-guided right ankle cortisone injection is under review. He fell from a scaffolding and is status post ankle arthroscopy. He has had medications in at least 2 courses of physical therapy (PT) and 23 postop sessions. He continues to complain of pain over the lateral aspect of the ankle. There is some tenderness over the lateral aspect but no instability and he has normal range of motion with pain and minimal tenderness about the Lisfranc area. On 04/23/14, he saw a provider. He is status post arthroscopic surgery with ligament reconstruction. He completed his first round of physical therapy and still had some pain and soreness of the lateral ankle. He had good resolution of edema. Extension was and flexion. There was moderate pain at end range. Subtalar range of motion was normal. There was some pain with palpation just posterior to the fibula in the area of the ligament reconstruction. His gait was not antalgic. He had begun a home therapy program. Additional PT was ordered. He saw [REDACTED], a podiatrist. He underwent surgery in January 2014. As of 03/05/14, he was doing well. He still had some pain and soreness. PT was recommended. On 05/21/14, he was still pending a second round of therapy. He still had some tenderness but his gait was nonantalgic. He was advanced to sedentary duty only. On 06/20/14, he completed his second round of physical therapy and still had pain along the at the lateral aspect. He was still limping and resting when it was present. There was no ankle instability. There was tenderness over the lateral ankle. A corticosteroid steroid injection was recommended. Also custom orthotics were under consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**US GUIDED RIGHT ANKLE CORTISONE INJECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370.

**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 - corticosteroid injection.

**Decision rationale:** The history and documentation do not objectively support the request for an ultrasound-guided right ankle cortisone injection. The California Medical Treatment Utilization Schedule (MTUS) do not address this type of injection and the Official Disability Guidelines (ODG) state regarding corticosteroid injections for the ankle "not recommended for tendonitis or Morton's Neuroma, and not recommend intra-articular corticosteroids. Under study for heel pain." In this case, there is no clear evidence of an inflammatory condition for which this type of injection appears to be necessary and outlier status was not established. The medical necessity of this type of injection (US guided cortisone injection to the right ankle) has not been clearly demonstrated and the request is not supported by the guidelines.