

Case Number:	CM14-0127270		
Date Assigned:	08/15/2014	Date of Injury:	06/10/2001
Decision Date:	09/18/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/11/2014

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 & Rehabilitation, and is licensed to practice in Illinois. 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 75-year-old female with a reported injury on 06/10/2001. The mechanism of injury was not provided. The diagnosis was osteoarthritis. The injured worker has tried previous medications, cortisone injections, acupuncture, and the use of a TENS unit. The efficacy of those previous treatments was not provided. There was not a physical examination provided for review. However, there was a note from the physician for the request, which stated that the injured worker continued to struggle with her neuropathic pain, worse on her right leg than on the left side. The injured worker did state previously that she had had "injections," and that they were effective for her. The pain VAS was not provided. There was a lack of evidence of examination of functional deficit and neurological deficits. The medications consisted of Valium. The plan of treatment was for her to have a neurology consultation, and recommended an appropriate long-term physician to manage her medications. The Request for Authorization was signed and dated for 07/29/2014. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Ankle Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376,377.

Decision rationale: The request for the right ankle injection is not medically necessary. The ACOEM/CA MTUS Guidelines recommend the injections in the ankle for patients with point tenderness in the area of a heel spur, planar fasciitis, or Morton's neuroma, a local injection of Lidocaine and cortisone solution. It is not recommended to have repeated or frequent injections. It has been reported that the injured worker has had previous cortisone injections, and the efficacy of that was not provided, although the injured worker did verbalize that the injections were helpful. The injured worker does have a diagnosis of osteoarthritis. There is no evidence of a diagnosis of plantar fasciitis or Morton's neuroma. There was not a physical examination and clinical note provided to be considered for the date of the request. There was a lack of documentation and examination of physical deficits or neurological deficits, or pain assessment. Furthermore, the request does not specify the type and the location of the injection. Therefore, the clinical information fails to meet the evidence-based guidelines for the request so, this request for the right ankle injection is not medically necessary.