

Case Number:	CM14-0137749		
Date Assigned:	09/05/2014	Date of Injury:	06/20/2012
Decision Date:	10/21/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/26/2014

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 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 injured worker is a 57 year old female who suffered an ankle sprain on 6/20/12. She has been treated conservatively with bracing and non-steroidal anti-inflammatory medication. Management has also included subsequent physical therapy. A magnetic resonance imaging scan of the left ankle was performed and unremarkable. The injured worker has also been using a Cam Walker when ambulating but still continues to experience ankle pain. A podiatric orthopedic consultation performed on 8/6/14 showed 5/5 motor strength in the left lower extremity with reduced muscle tone and girth when compared to the contralateral limb. Sensation was normal. Pain was notable with flexion and extension but no crepitus was noted; there was pain with palpation over lateral aspect of the ankle. Assessment included degenerative arthritis. Recommendations included conservative management, including steroid injection and consideration of future arthroscopy. Documentation from the treating physician dated 4/17/14 indicated that the injured worker had a peroneal tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Guided Left Ankle Cortisone Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-373.

Decision rationale: The injured worker has chronic ankle pain secondary to an injury sustained on 6/20/12 and has failed conservative treatment with bracing, physical therapy and medication. Per the American College of Occupational and Environmental Medicine guidelines there is some evidence to support the use of injections in the treatment of plantar fasciitis or Morton's neuroma, neither of which the injured worker has. Additionally, the etiology of the injured worker's ankle pain is not clear and the indication and rationale for the requested ankle injection is not documented. Therefore, the requested ankle injection with ultrasound guidance is not medically necessary.