

Case Number:	CM14-0163033		
Date Assigned:	10/08/2014	Date of Injury:	06/08/1997
Decision Date:	11/18/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/03/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 47-year-old man who sustained a work-related injury on June 8, 1997. Subsequently, he developed chronic pain. According to a progress note dated on September 4, 2014, the patient continued to have left ankle pain. Physical examination demonstrated tenderness in the left ankle with gait difficulty. His MRI demonstrated postoperative changes in the malleolar area. The patient was treated with the uncle injections, pain medications, heat application and bracing. The patient was diagnosed with the ankle synovitis. The provider requested left ankle injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left ankle injection (Marcaine and Depo Medrol): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Online Edition, Chapter: Ankle and Foot (Acute and Chronic)

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

Decision rationale: According to MTUS guidelines, ankle injection is recommended for patients with point tenderness in the area of heel spur, plantar fasciitis, and Morton neuroma. The guidelines do not support repeat or frequent injections. There is no documentation of the efficacy of previous ankle injection. Therefore, the request for Left ankle injection (Marcaine and Depo Medrol) is not medically necessary.