

Case Number:	CM14-0167096		
Date Assigned:	10/14/2014	Date of Injury:	06/10/2013
Decision Date:	11/17/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/10/2014

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, has a subspecialty in Pain 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:

This is a 49-year-old female who sustained a remote industrial injury on 06/10/13 diagnosed with tenosynovitis of the foot and ankle. Mechanism of injury occurred when the patient lifted a roll of fabric and felt pain in the left foot. The request for left ankle cortisone injection was non-certified at utilization review because corticosteroid injections for Achilles tendinitis is not recommended and the reviewer notes that this case was discussed at length with the requesting provider. The most recent progress note is not included in the documents provided. Rather, the main document included for review is a panel qualified medical evaluation dated 12/18/13. During this evaluation, the patient complains primarily of constant pain in the cervical spine, bilateral shoulders, bilateral wrists/hands, throughout the bilateral upper extremities, lumbosacral spine, bilateral lower extremities, and the plantar/posterior aspects of both heels. Physical exam findings within this evaluation reveal tenderness and spasm in the neck, tenderness and spasm in the lumbosacral area, tenderness throughout both upper extremities, swelling in the left ankle and foot, tenderness of the left foot and right heel, and decreased reflexes in the upper extremities. Current medications include: Ibuprofen. Provided documents only include the previous peer review report that highlights the progress report reviewed was dated 09/15/14 but this report is not included in the medical records submitted. According to this peer review report, this progress report reveals the patient has pain in the left personal tendon rated as a 1/10, pain with deep palpation only, a minimally antalgic gait, and has completed 8 sessions of physical therapy. The patient's previous treatments include physical therapy and medications. Imaging reports are not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left ankle cortisone injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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: According to ODG, corticosteroid injections are not recommended for Achilles tendonitis. The guidelines specifically highlight, "Cortisone injections in the area of the Achilles tendon are controversial because cortisone injected around the tendon is harmful and can lead to Achilles tendon ruptures." In this case, the patient has a diagnosis of Achilles tendonitis, so guidelines would not support this injection. Further, as no recent progress notes are provided, it cannot be determined whether the patient has exhausted conservative means of treatment. Prior to undergoing more invasive treatments, such as injections, it is recommended that patients demonstrate unresponsiveness to conservative treatment. Thus, medical necessity is not supported and the request for Left ankle cortisone injection is not medically necessary.