

Case Number:	CM14-0173617		
Date Assigned:	10/27/2014	Date of Injury:	01/13/2006
Decision Date:	12/03/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/21/2014

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 Anesthesiology and is licensed to practice in Tennessee, North Carolina and Georgia. 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 37-year-old male who reported an injury on 01/13/2006 while at his place of work, he stepped on a platform that was approximately 2 feet high and landed on a piece of metal, then rolled his ankle. He heard a pop and immediately could not walk, injuring the foot. The injured worker complained of ankle pain with a diagnosis of inversion injury left foot and ankle, post-traumatic arthrofibrosis/synovitis of the left ankle, and post-traumatic arthrofibrosis/synovitis of the left subtalar joint. Prior treatments included medication, physical therapy, an ARRO hinge brace, and cortisone injections. He rated his pain a 1/10 to 2/10 at rest and 4/10 with repetitive weight bearing activities. Medications included nonsteroidal anti-inflammatory drugs. The prior surgery included a status post arthroscopic debridement of the left ankle. Physical examination dated 08/11/2014 revealed 1+ to 2+ edema noted at the left ankle with moderate tenderness and decreased range of motion in inversion of the left subtalar joint at 8/20 degrees and dorsiflexion 0/10 degrees. He had grade 4 muscular weakness to the evertors of the left ankle. Neurological examination revealed no palpation of visual fasciculation. Muscle strength in the lower extremities was equal and bilaterally symmetrical. Vibratory sense, proprioception, pinprick were well preserved in the lower extremities. Deep tendon reflexes to the knee and ankle were +2/4 and the plantar response was flexor. Vascular examination revealed the dorsalis pedis and posterior tibial pulses at -2/4 and bilaterally symmetrical. The subpapillary venous plexus filling time to all digits was within normal limits. There was no evidence of significant venous disease, feet were equal color and temperature. The injured worker ambulated with a mild perceptible limp. His stride was shorter on the left side with extensive pronation throughout the entire stance phase with mid foot and subtalar joint instability. Negative for any ambulatory aides. The treatment plan included continue with home

exercise program, nonsteroidal anti-inflammatories, ice, and cortisone injection to the left ankle. The Request for Authorization, dated 10/27/2014, was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection to the left ankle: Upheld

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

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

Decision rationale: The request for cortisone injection to the left ankle is not medically necessary. The California MTUS/ACOEM state injections are recommended for injured workers with point tenderness in the area of the heel spur, plantar fasciitis, or Morton's neuroma; local injections of lidocaine and cortisone solution is not recommended for repeat or frequent injections. The documentation stated that the injured worker has had injections at the ankle. The guidelines do not recommend repeat injections. As such, the request is not medically necessary.