

<b>Case Number:</b>	CM14-0184415		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	03/29/2014
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 Orthopedic Surgery 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:

32 year old male has an industrially related injury on 3/29/14. Diagnosis is made of torsion/inversion injury with sprain of the right ankle. Claimant is status post a sinus tarsi injection with cortisone and local anesthesia. MRI of the right foot on 6/23/14 demonstrates suspected talo-calcaneal coalition. Exam note 10/15/14 demonstrates continued pain in the right foot. Pain is noted with range of motion in the subtalar joint, which was limited. Assessment is made of sprain foot and ankle with fibrous coalition of the right subtalar joint, and sinus tarsi syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cortisone injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Ankle and Foot, Orthotics.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle, Injections.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of corticosteroid injection. Per the ODG, Ankle section, corticosteroid injections is not recommended for intra-articular injection. Therefore the Cortisone injections are not medically necessary and appropriate.