

Case Number:	CM14-0022106		
Date Assigned:	05/09/2014	Date of Injury:	02/18/2013
Decision Date:	08/01/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/21/2014

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 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:

The patient is a 37-year-old female who has submitted a claim for left ankle sprain, left hip contusion, left knee strain, possible complex regional pain syndrome, possible hysterical reaction to trauma, and psychiatric injury associated with an industrial injury date of February 18, 2013. Medical records from 2013-2014 were reviewed. The patient complained of left ankle pain. The pain level increased especially with prolonged standing and walking. Symptoms were worse with repetitive activities. Physical examination showed tenderness on the medial aspect of the left ankle and anterior talofibular ligament. Left ankle range of motion was limited. There was hypersensitivity, allodynia, and swelling of the left ankle. Movement and light touch causes pain. Imaging studies were not available. The treatment to date has included medications, physical therapy, activity modification, and left ankle arthroscopic lateral gutter debridement, synovectomy and intraarticular injection. A utilization review, dated February 12, 2014, denied the request for left anterior talofibular ligament injection because there was no indication that this was an intra-articular injection for any form of degenerative or inflammatory joint disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT ANTERIOR TALOFIBULAR LIGAMENT INJECTION: 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): 369-371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Section, Injections (corticosteroids).

Decision rationale: According to pages 369-371 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, invasive techniques (e.g., needle acupuncture and injection procedures) have no proven value, with the exception of corticosteroid injection into the affected web space in patients with Morton's neuroma or into the affected area in patients with plantar fasciitis or heel spur if four to six weeks of conservative therapy is ineffective. In addition, ODG states that while evidence is limited, therapeutic injections are generally used procedures in the treatment of patients with ankle or foot pain or pathology. In this case, patient has persistent left ankle pain. Progress report dated January 21, 2014 stated that the patient have failed conservative treatment. A left anterior talofibular ligament injection was given on January 21, 2014 but evidence of pain relief or functional improvement was not documented from the medical records submitted. Furthermore, there was no mention that the patient has Morton's neuroma, plantar fasciitis, or heel spur. There is limited evidence for this procedure. The medical necessity has not been established. Therefore, the request for LEFT ANTERIOR TALOFIBULAR LIGAMENT INJECTION is not medically necessary.