

Case Number:	CM14-0025789		
Date Assigned:	06/23/2014	Date of Injury:	04/06/2012
Decision Date:	07/22/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/28/2014

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 Occupational 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:

The claimant was injured on 04/06/12. An ultrasound-guided cortisone injection to the right ankle as been requested and is under review. He is status post surgery on 09/14/12 that included arthroscopic debridement and repair of an ankle tendon. An MRI of the ankle dated 09/09/13 showed no acute ligament tears. There was a scarred anterior talofibular ligament that was consistent with a remote sprain injury. There was moderate peroneal brevis tendinosis just distal to the lateral malleolus. There was mild tibial posterior tendinosis with unchanged mild peroneus longus tendinosis. There were also findings of chronic plantar fasciitis. On 01/09/13, the claimant underwent an injection to the ankle of Depo-Medrol/Marcaine. He had a panel QME on 10/02/13. Repeat reconstruction of the ankle was under consideration. Continued use of medications both oral and topical were recommended. He underwent injection of the ankle on 02/28/14 also. The note dated 01/27/14 reveals that he gets some relief with cortisone injections received quarterly. His diagnosis was right ankle arthrofibrosis and tenosynovitis. He still had swelling and tenderness but no laxity. He was neurologically intact. He also received an injection in November 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRASOUND-GUIDED CORTISONE INJECTION TO RIGHT ANKLE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 1044-1046. Decision based on Non-MTUS Citation ODG Ankle and Foot, Injections.

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: The history and documentation do not objectively support the request for a repeat ultrasound-guided cortisone injection to the right ankle. The ODG state "corticosteroid injections to the ankle are not recommended for tendonitis, Morton's Neuroma, and [do] not recommend intra-articular corticosteroids." There is no objective evidence of benefit/functional improvement that has been associated with the quarterly injections of cortisone that the claimant reportedly has been receiving. There is no documentation of reduced use of medications following injection therapy. The possible side effects of repeat injections of this type have not been addressed in the records. Typically, the ODG recommend repeat injections in conjunction with an ongoing exercise program and when objective evidence of improvement has been obtained. The medical necessity of this request has not been clearly demonstrated.