

Case Number:	CM14-0035156		
Date Assigned:	06/23/2014	Date of Injury:	10/06/2008
Decision Date:	07/24/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/21/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 54 year-old female who was reportedly injured on 10/6/2008. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 1/7/2014, indicated that there were ongoing complaints of left ankle/foot pains. The physical examination demonstrated pain along the deep perineal nerve and pain in the sinus tarsi with radiation in a starburst, pain at the superficial peroneal nerve with positive Tinel's sign and pain at the lateral incision site. No recent diagnostic imaging studies were available for review. Previous treatment included surgery and non-steroidal anti-inflammatory drugs. A request had been made for intra-articular inject under ultrasound and was not certified in the pre-authorization process on 3/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intraarticular Inject Under Ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Foot and Ankle.

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

Decision rationale: Intra-articular cortisone injections are generally performed without fluoroscopic or ultrasound guidance. Intra-articular cortisone injections are primarily confined to the large joints of the body to include shoulder and knee. This injection is typically not recommended for the ankle, with limited clinical trials and evidence-based medicine to support the use of this procedure. Therefore, the request for this procedure is deemed not medically necessary.