MAXIMUS Federal Services

Case Number:	CM14-0038929		
Date Assigned:	06/27/2014	Date of Injury:	11/28/2012
Decision Date:	07/23/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/02/2014

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 patient is a 52-year-old male with a date of injury of 11/28/12. The injury occurred due to a fork lift accident, in which the patient sustained a left ankle avulsion fracture of the fibula. The patient was treated with casting, no wieght bearing and physical therapy. He has subsequently developed chronic pain in his left knee and left ankle. The pain is described and burning and sharp, but it improves with activity. MRI (magnetic resonance imaging) and computed tomography (CT) studies of the knee have not revealed any internal pathology. MRI and CT studies of the ankle revealed an old distal fibular fracture. No osteochondral lesions were noted and no significant ligament injury was noted. Recent exam findings noted a normal gait and no ankle instability. Diffuse lateral tenderness has been noted. The request for bracing and injections is not accompanied by any specific rationale or supporting exam findings. Multiple medications are office dispensed on each visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

INJECTION TO SKIN LESIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 22.

Decision rationale: The ACOEM guidelines do require there to be findings and a diagnosis to support any treatment. The records do not record any exam findings or a diagnosis to support the request for steroid injections to the skin or for use in intra-articular injections. In the records reviewed, it is not clear what specific types of injections are being requested. At this time, there is inadequate information to reverse the prior utilization review denial. Additional specific information would need to be provided to justify steroid injections. As such, the request is not certified.