

<b>Case Number:</b>	CM14-0049852		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	09/27/2010
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 Internal 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:

Patient is an injured worker with right lower extremity conditions. Date of injury is 09/27/2010. Progress report dated 2/24/14 documented subjective complaints of right lower extremity pain that radiated into his right foot. Pain was 7/10. He was taking Hydrocodone 2.5/325 mg. He was temporarily totally disabled until his next appointment in 4 weeks. On 1/27/14, he had left lower extremity pain and right lower extremity pain. Visual analog pain scale was 9/10. Pain radiates to left thigh, right thigh, right leg and right foot. Night pain at times noted. Vicodin 5/500 was too strong so he takes Tylenol or Ibuprofen for pain. Exam demonstrated tenderness over lateral plantar arch. He has full range of motion (ROM) but painful range of motion with inversion. Motor examination demonstrated tibialis anterior 4/5 on right, flexor hallucis longus 4/5 and extensor hallucis longus right 4/5. Gait was normal. Patient ambulated without a device. Diagnoses were pain in joint of ankle and foot, arthropathy of ankle and foot, and chronic pain syndrome. He was working full time. Utilization review decision date was 03/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right ankle cortisone injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004), Chapter 14, Ankle and Foot Complaints, Pages 371, 376.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Corticosteroid injection for ankle conditions. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 14, Ankle and Foot Complaints (Page 371) states that "invasive techniques (e.g. 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". Table 14-6 Summary of Recommendations for Evaluating and Managing Ankle and Foot Complaints (Page 376) states that "for patients with point tenderness in the area of a heel spur, plantar fasciitis, or Morton's neuroma, local injection of Lidocaine and Cortisone solution is recommended". Progress report dated 2/24/14 documented tenderness over lateral plantar arch, full range of motion (ROM) but painful range of motion with inversion. Motor examination demonstrated tibialis anterior 4/5 on right, flexor hallucis longus 4/5 and extensor hallucis longus right 4/5. Gait was normal. Patient ambulated without a device. Diagnoses were pain in joint of ankle and foot and arthropathy of ankle and foot. There was no documentation of heel spur, plantar fasciitis, or Morton's neuroma, which are the recommended conditions for Corticosteroid injection by ACOEM guidelines. Corticosteroid injections are not otherwise recommended by ACOEM. Therefore, medical records do not support the medical necessity of Cortisone injection of the right ankle. Therefore, the request for right ankle Cortisone injection is not medically necessary.