MAXIMUS Federal Services

| Case Number: | CM14-0052502 | | |
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| Date Assigned: | 07/07/2014 | Date of Injury: | 06/06/2012 |
| Decision Date: | 10/14/2014 | UR Denial Date: | 03/21/2014 |
| Priority: | Standard | Application Received: | 04/21/2014 |

## 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 34-year-old gentleman who was reportedly injured on August 1, 2010. The most recent progress note dated March 20, 2014, indicates that there are ongoing complaints of right ankle pain. The physical examination demonstrated limited ankle range of motion and mild swelling. There was tenderness about the right ankle and crepitus with motion. Diagnostic imaging studies an MRI the right knee revealed proximal mid-tibial edema and blunting of the anterior margin of the medial meniscus without definite tear, a lateral patellar tilt, and a popliteal cyst. X-rays of the right lower extremity noted hardware removal from prior surgery. X-rays of the ankle noted severe posttraumatic degenerative joint disease. Previous treatment includes right ankle surgery, physical therapy, home exercise, and oral medications. A request had been made for a corticosteroid injection to the right ankle and was not certified in the pre-authorization process on March 21 2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Request Corticosteroid Injection In The Right Ankle For Therapeutic Purposes:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

**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, Steroids, Injection, Updated July 29, 2014.

**Decision rationale:** According to the Official Disability Guidelines the practice of intra-articular steroid injections for the ankle is under study. It was stated that no independent clinical factors were identified that could predict the better postinjection response. As such, this request for a corticosteroid injection for the right ankle is not medically necessary.