MAXIMUS Federal Services

Case Number:	CM14-0059961		
Date Assigned:	07/09/2014	Date of Injury:	06/21/2013
Decision Date:	08/08/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	04/30/2014

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 Podiatric Surgery and is licensed to practice in New York. 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:

It is noted in the enclosed notes that this patient sustained a left foot and ankle injury on 6/21/2013. The accident occurred while at work. On 3/28/2014 this patient visited her podiatrist complaining of pain especially to the medial malleolus left side. Pain appears worse when walking and weight bearing and the area has remained swollen. The ankle feels better with rest. Physical exam reveals a painful ankle joint range of motion, most painful with maximal dorsiflexion and plantar flexion. Lateral ankle ligaments are tender, but the most painful area is over the medial malleolus left side. Mild edema is noted to the area. Right foot physical exam is similar. Diagnoses include chronic ankle sprain left greater than right, anterior impingement with synovitis, left greater than right, and prior medial malleolus fracture with painful hardware left side. An MRI study was done on left ankle on 3/22/2014. Results include tibial Talar small joint effusion, subtalar joint small joint effusion, posterior tibial tenosynovitis, flexor digitorum longus tenosynovitis, flexor hallucis longus tenosynovitis, retro malleolus grew convex, and sinus tarsi fluid signal positive. Treatment included intra-articular injection left side as well as recommendation for chiropractic/physiotherapy left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left ankle/foot ankle intraarticular injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation ODG-ankle & foot updated 3/26/14.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: The MTUS Chronic Pain Guidelines clearly state that invasive techniques (e.g., needle acupuncture and 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 if four to six weeks of conservative therapy is ineffective. According to the enclosed progress note, this patient would be getting the injection to the ankle joint, not plantar fascial origin or a Morton's neuroma area. As such, the request is not medically necessary and appropriate.

Chiro/physiotherapy 2 x4 for left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints,Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59,99. Decision based on Non-MTUS Citation ODG-Foot & Ankle Manipulation updated 3/26/14ODG-Chiropractic guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-59.

Decision rationale: The MTUS Chronic Pain Guidelines state that manual therapy and manipulation is not recommended for the foot or ankle. The ODG for foot and ankle also advise that manipulation for the foot and ankle is not recommended as there is limited evidence from trials to support the use of manipulation for treating disorders of the ankle and foot. As such, the request is not medically necessary and appropriate.