MAXIMUS Federal Services

Case Number:	CM14-0077982		
Date Assigned:	08/08/2014	Date of Injury:	07/19/2013
Decision Date:	10/02/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/28/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 29 year old male who reported an injury on 7/19/13 to his left lower extremity. The clinical note dated 10/22/13 indicates the injured worker having complaints of left ankle pain that was described as constant and moderately achy. The injured worker also reported a sharp pain throughout the left ankle. Upon exam, +3 tenderness was identified upon palpation at the dorsal and medial regions of the ankle as well as the medial malleolus and the plantar portion of the heel. Xrays revealed essentially normal findings throughout the left ankle. The clinical note dated 12/31/13 indicates the left ankle showing no bruising, swelling, or atrophy. Tenderness continued upon palpation throughout the ankle. The clinical note dated 03/18/14 indicates the injured worker having undergone an injection at the left ankle. +3 tenderness continued upon palpation. The clinical note dated 01/17/14 indicates the initial injury occurred on 07/19/13 when he was struck by a bus. Upon exam, the injured worker was able to demonstrate 4/5 strength throughout the left lower extremity, severe hypersensitivity was identified at the plantar and calcaneal regions. The note does indicate the injured worker undergoing strapping at the left ankle. The clinical note dated 04/18/14 indicates the injured worker continuing with left ankle pain. The injured worker continued with an electric radiating pain. The injured worker rated the pain as 8 to 9/10. 4/5 strength was identified throughout the left lower extremity. Severe hypersensitivity was identified at the lateral sural and the sural nerves. A twenty percent decrease in dorsa flexion was identified as well as a thirty percent decrease in inversion and eversion. The MRI of the left foot dated 02/19/14 revealed unremarkable findings. The MRI of the left ankle revealed findings consistent with posterior tibialis tenosynovitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 2.5 cc 1% Xylocaine, 0.5cc Methylprednisolon acetate injection w/ultrasound guidance left sinus tarsi (date of service: 04/18/14): Upheld

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

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 Chapter, Injections (corticosteroid)

Decision rationale: The request for 2.5 millimeter 1 percent Xylocaine, 0.5 millimeter Methylprednisolone acetate injection w/ultrasound guidance left sinus tarsi (date of service 04/18/14) is not medically recommended. The documentation indicates the injured worker complaining of left ankle pain. Injections at the foot and ankle are not indicated. There is an indication that injections to address plantar fasciitis have promising results. However, no high quality studies have been published in peer reviewed literature supporting the use of injection therapy at the ankle and foot. Given this, the request is not indicated as medically necessary.