

Case Number:	CM14-0081328		
Date Assigned:	07/18/2014	Date of Injury:	05/19/2009
Decision Date:	09/19/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	06/03/2014

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 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 injured worker is a male who reported injury on 05/19/2009. The submitted report did not indicate a date of birth or the age of the injured worker. The injured worker has diagnoses of status post eversion ankle sprain, tibialis posterior tendonitis, peroneal tendonitis, lumbar sprain/strain, disc protrusion, gait abnormality, bursitis, and pain. The injured worker has undergone ankle injections. The documents submitted for review did not indicate any type of medications. There were no pertinent diagnostics submitted for review. The injured worker is status post eversion of ankle sprain. The injured worker complained of severe pain in the left ankle. The injured worker is status post injection and he stated that he had very minimal improvement on pain and has had pain reduced about only 10%. There were no measurable pain levels documented in the submitted report. Physical examination dated 04/04/2014 revealed that the injured worker had a tibialis anterior of 4/5 on the left and 4/5 on the right, tibialis posterior 4/5 bilaterally, peroneus longus 4/5 bilaterally, peroneus brevis 4/5 bilaterally and gastrocnemius 4/5 bilaterally. Examination also revealed that there was severe pain with palpation of the left tibial/fibular shaft. There was severe pain with palpation of the left talocalcaneal joint. There was severe pain with palpation of the left deltoid ligament, anterior talofibular and calcaneofibular ligaments. There was severe pain with palpation of the left tibialis anterior tendon and with inversion of the left ankle. There was pain with palpation of the left calf/Achilles tendon insertion with ankle joint dorsiflexion/plantar flexion. Ankle joint dorsiflexion and plantar flexion on the left side were decreased by 20%. Subtalar joint inversion and eversion on the left side was decreased by 40%. A 10% reduction of pain was noted with overall testing of different muscles. The treatment plan is for the injured worker to undergo another ultrasound guidance technique injection to the left medial and anteromedial ankle joint. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Guidance Technique to left medial and antoromedial ankle joint with 2.5cc of 1% Xylocaine plain and 5cc of Methylprednisone acetatc: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle, therapeutic ultrasound.

Decision rationale: Official Disability Guidelines does not recommend therapeutic ultrasound. Therapeutic ultrasound is no more effective than placebo in the treatment of plantar heel pain. There is little information available from trials to support the use of many physical medicine modalities for treating disorders of the ankle and foot. Ultrasound, laser, short-wave therapy and electrotherapy have no added value in lateral ankle injuries and are not recommended. The request for Ultrasound Guidance Technique to the left medial and anteromedial ankle joint with 2.5cc of 1% Xylocaine plain and 0.5cc of Methylprednisolone acetate is not medically necessary. The injured worker complained of severe pain in the left ankle. The submitted documentation lacked pertinent information regarding the injured worker's ankle. Furthermore, in the submitted report that was dated 04/04/2014, the injured worker stated that the injection did not do very well as far as relieving pain. It was noted that it only reduced it to about 10%. There were no measurable pain levels documented in the submitted report. As such, the request for Ultrasound Guidance Technique to Left Medial and Anteromedial Ankle Joint with 2.5cc of 1% Xylocaine Plain and 5cc of Methylprednisolone Acetate is not medically necessary.