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| Case Number: | CM14-0081527 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 05/13/2008 |
| Decision Date: | 08/25/2014 | UR Denial Date: | 05/20/2014 |
| Priority: | Standard | Application Received: | 06/02/2014 |

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 Occupational 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:

According to the records made available for review, this is a 52-year-old male with a 5/13/08 date of injury. At the time (5/20/14) of request for authorization for left ankle injection and STJ injection left ankle, there is documentation of subjective complaints that included pain at the outside of the ankle where injection was given; ankle swelling; and the left foot under the 4th and 5th toes feels like needles in the foot, increased with standing and walking. Objective findings listed were decreased right greater than left light touch; positive Tinel's with percussion at lateral left ankle; decreased tone and turgor of the left ankle and foot; pain with palpation of the left sinus tarsi, 3rd and 4th metatarsals, lateral gutter of the ankle, and medial gutter of the ankle; and pain to palpation at STJ capsule, severe. Current diagnoses included neuroma, ankle capsulitis/synovitis, arthralgia, and stress fracture, and treatment to date has included acupuncture, activity modification, orthotics, second interspace injection, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Ankle injection: 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 and Foot.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Injections (corticosteroid).

Decision rationale: The MTUS reference to ACOEM identifies documentation of Morton's neuroma, plantar fasciitis, or heel spur despite four to six weeks of conservative therapy as criteria necessary to establish the medical need of corticosteroid injection to the foot/ankle. ODG states that intra-articular corticosteroids are not recommended. Within the medical information available for review, there is documentation of neuroma, ankle capsulitis/synovitis, arthralgia, and stress fracture. However, there is no documentation the specific pathology for which the proposed injection is intended. Therefore, based on guidelines and a review of the evidence, the request for left ankle injection is not medically necessary.

STJ injection left ankle: 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 and Foot.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Injections (corticosteroid).

Decision rationale: MTUS does not address the issue. ODG identifies that intra-articular corticosteroids are not recommended. Therefore, based on guidelines and a review of the evidence, the request for STJ injection left ankle is not medically necessary.