

Case Number:	CM14-0083561		
Date Assigned:	07/21/2014	Date of Injury:	04/01/2011
Decision Date:	08/26/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/05/2014

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:

This is a 39-year-old female with a 4/1/11 date of injury. The mechanism of injury was not noted. According to a 4/11/14 progress note, the patient complained of decreased pain to her left leg following a sympathetic nerve block. She stated that her intrinsic ankle pain was still present and her entire left lower extremity was still very painful at 3/10 at rest and 5/10 with repetitive weight-bearing activities. Objective findings: moderate to severe tenderness in the lateral gutter and anterior talofibular ligament region; entire lower leg, foot, and ankle region had moderate tenderness; painful limitation of motion. Diagnostic impression: status post inversion-hyperflexion injury, left foot and ankle, post-traumatic arthrofibrosis/synovitis, peroneal tenosynovitis, posterolateral step-down fracture, complex regional pain syndrome/RSD. Treatment to date: medication management, activity modification, acupuncture. A UR decision dated 5/13/14 denied the request for Cortisone injection of left ankle. The rationale for denial was not provided. The request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone Injection to the Left Ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Ankle and Foot; Injection.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.sportsinjuryclinic.net/sport-injuries/foot-heel-pain/extensor-tendonitis>.

Decision rationale: CA MTUS states that invasive techniques (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. A specific rationale specifying why Cortisone Injections would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Cortisone Injection to the Left Ankle was not medically necessary.