

Case Number:	CM14-0089747		
Date Assigned:	07/23/2014	Date of Injury:	10/21/2013
Decision Date:	09/12/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/13/2014

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 Internal Medicine 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:

The patient is a 49 year old female with a date of injury on 10/21/2013. She was going upstairs and missed a step. The right ankle twisted inward. She had a torsion injury to the right ankle with a ligament (anterior talofibular and calcaneofibular) sprain injury on MRI on 12/02/2013. She also had plantar faciitis. She had an antalgic gait. There was also decreased right calf circumference indicative of atrophy (mid calf was 2 cm less on the right compared to the left). The use of a brace helped her symptoms. She also had at least 6 sessions of physical therapy. She was treated with NSAIDS and hydrocodone. On 11/14/2013 an x-ray revealed a calcaneal spur. On 04/30/2014 she ambulated with a limp. She could not walk for long distances. There was decreased strength 4/5 in the right posterioal tibialis, peroneals and gastrocnemius soleus compared to the left 5/5. Anterior drawer test was positive for instability and was consistent with anterior talfibular ligament injury. She continued to have ankle swelling. Three steroid injections to the right ankle and foot were requested for the period 05/05/2014 to 07/04/2014. One was approved. This is the appeal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Corticosteroid injections to the right ankle/foot #3: 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: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 361-382.

Decision rationale: ACOEM guidelines as noted in MTUS note that injection procedures have no proven value in foot and ankle injuries with the exception of corticosteroid injection into the affected web space in patient with Morton's neuroma or in patients with plantar fasciitis. There is no documentation that steroid injections improve a ligament injury to the ankle. Table 14-6 notes that one injection with steroids for patients with point tenderness from a heel spur, plantar fasciitis or Mortons' neuroma may be indicated but repeat injections are not recommended. This is why one steroid injection of the requested three injections was approved. The two repeat injections were denied as they are not consistent with ACOEM Ankle and Foot injuries.