

Case Number:	CM14-0099997		
Date Assigned:	07/28/2014	Date of Injury:	11/17/2010
Decision Date:	08/29/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/30/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 46 year old female who was injured on 11/17/2010. She was diagnosed with left ankle sprain, left peroneal tendinitis and bursitis, left knee anterior cruciate ligament tear, fibromyalgia, right ankle achilles tendinitis, right knee pain with meniscal tear, headaches, neck pain with bilateral upper extremity radiation, low back pain with radiation, depression, anxiety, and insomnia. She was treated with medications, physical therapy, surgery (knee arthroscopy), chiropractor visits, acupuncture, and injections. On 5/12/14, the worker was seen by her podiatrist complaining of her left ankle pain causing difficulty with ambulation. The pain was rated at 8-9/10 on the pain scale, and reported that her medications (Celexa, Ambien, Lyrica, Ultram, Valisone, Soma) have only been minimally helpful along with other therapies for her pain. She requested additional treatment for her left ankle pain. Physical examination of her left ankle and foot revealed severely hypersensitive sural and lateral sural nerves as well as tenderness to the left sinus tarsi, tibial/fibular shaft, anterior talofibular and calcaneofibular ligaments, peroneal tendon of the left foot/ankle. She was then given an injection of Xylocaine and methylprednisolone into her left sinus tarsi area, recommended orthotics to help decrease pronation, and continue the other therapies she was already using.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection times (2) with ultrasound guidance for needle placement (unable to verify type of injection or site of injection to be given): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 44, 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Foot/Ankle.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Magee DJ, Zachajewski JE, Quillen WS, editors. Scientific Foundations and Principles of Practice in Musculoskeletal Rehabilitation. St. Louis: Elsevier; 2007:255-281.

Decision rationale: The MTUS Guidelines do not specifically address steroid injections for tarsi syndrome. There isn't much evidence (nor guidelines) for the benefits and risks of steroid injections for sinus tarsi syndrome. However, some publications suggest conservative therapy that includes a steroid injection to help control their symptoms and inflammation as long as other therapies are used (physical therapy, orthotics, bracing). In the case of this worker, the podiatrist essentially diagnosed sinus tarsi syndrome based on examination and history and injected the area with steroids and Xylocaine, while also recommending he use an orthotic. This seems appropriate and medically necessary as the worker had significant difficulty walking without pain. Future injections would only be considered if the worker had failed orthotic use, therapy, and bracing techniques. Previous review of this request stated that the request did not specify which area injected was to be reviewed, but it is clear that this was for the left sinus tarsi area upon reviewing the documents provided for review. Given the above the request is medically necessary.

Orthotics training: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): Table 14-6; page 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Foot/Ankle; Crawford, 2003.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: The MTUS ACOEM Guidelines states that for ankle and foot injuries, rigid orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability. The request was for orthotics including training for use once they are provided to the worker. The training is brief and is standard for those getting orthotics. As the foot orthotics have been already approved for use by this worker, the requested and associated training is also medically necessary.