

Case Number:	CM13-0069180		
Date Assigned:	01/03/2014	Date of Injury:	06/05/2012
Decision Date:	03/27/2015	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/20/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Internal Medicine

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 54 year old female who was injured on 06/05/2012. Diagnostic studies reviewed include MRI of the right knee which revealed patellar fissuring and chondromalacia. MRI of the right ankle revealed talar chondral defect 5 x3 mm. EMG/NCV performed on 10/09/2013 revealed right lower extremity paresthesia with essentially normal electrodiagnostic evaluation. PR2 dated 11/19/2013 indicated the patient was in for a follow-up for an injection to her right calcaneal cuboid joint. The patient states the injection helped for about an hour and the burning and stabbing pain returned. The patient's pain level today is 6 out of 10. Objective findings on exam revealed tenderness over the intermediate cutaneous nerve at sinus tarsi, right trigger point when plantar flex 4th toe inverted ankle; neuritis to intermediate cutaneous nerve. She is tender to communicating branch from the intermediate cutaneous nerve and sural nerve connect over the Sinus tarsi. Future Medical Care: Surgery (scope and deride right medial ankle and right sinus tarsi, subtalar joint), medications, physical therapy, and injections. PR2 dated 10/02/2013 indicated the patient was in for a follow up to an injection to the intermediate cutaneous nerve-right. Her pain level is 4 out of 10. PR2 dated 09/16/2013 indicated the patient was in for an ultrasound intermediate cutaneous nerve-right and ultrasound guided injection to intermediate cutaneous nerve-right. Her pain level is 8 out of 10. PR2 dated 12/11/2013 indicated the patient was in for re-evaluation of her right foot on the lateral aspect. The patient states her pain level is 6 out of 10. The pain is "sharp and burning." The patient ambulated into the office today using a cane and walking with a limp. Objective findings revealed burning sensation which is unchanged. There is tenderness on palpation of the lateral aspect. Her right foot has

swelling of the plantar aspect which is unchanged. She has swelling of the plantar lateral aspect. There is swelling of the dorsal and medial aspect. Sensation revealed decreased response to tactile stimulation of the sole of the foot only which is unchanged tender over intermediate cutaneous nerve at sinus tarsi; trigger point when plantar flex 4th toe inverted ankle. The patient was diagnosed with localized osteoarthritis, mononeuritis of a lower limb which is improving nerve entrapment intermediate cutaneous nerve at sinus tarsi right. The treating provider has requested an injection to the sural and intercutaneous communicating branch right foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection into the sural and inter cutaneous communicating branch, right foot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines regarding injections for the ankle/foot

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

Decision rationale: This is a 54 yr.old obese female with a lower extremity injury DOI 6/5/2012. She is tender to communicating branch from the intermediate cutaneous nerve and sural nerve connect over the Sinus tarsi. Previous injections have failed. CA MTUS/ODG do not recommend these diagnostic injections. I would recommend an AME with an orthopedic foot and evaluation from an ankle specialist. The requested injections are for diagnostic reasons for potential surgery. The previous EMG did not reveal any nerve entrapment or irritation. Medical necessity for the requested service has not been established. The requested service is not medically necessary.