MAXIMUS Federal Services

Case Number:	CM14-0164672		
Date Assigned:	10/09/2014	Date of Injury:	04/12/2014
Decision Date:	02/28/2015	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/07/2014

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. 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: California, Indiana, 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 injured worker (IW) is a 42-year-old man with a date of injury of April 12, 2014. The mechanism of injury was not documented in the medical record. The current working diagnoses are sprain/strain of the ankle; derangement of the ankle; instability; painful gait. Pursuant to the progress reports dated July 23, 2014, the IW presents to the office for review of medical records. There are no subjective complains documented. The orthopedic evaluation indicated that the IW is ambulating in a full weight bearing status. He continues to show symptomologies of the right ankle. He has consistent pain to the lateral ligaments, particularly the ankle joint. The provider states that although the MRI is negative, he continues to shows significant painful anterior drawer sign. The IW received initial injection therapy to the right ankle in the sense of 1 cc of Depo-Medrol and 1 cc of Marcaine to the right ankle. According to the follow-up note dated August 20, 2014, the IW presents doe re-evaluation of the right ankle. The provider reports that the IW continues with symptomologies regarding the right ankle and does not show significant interval improvement with his current status. Right ankle joint injection #2 was administered consisting of 1 cc Depo-Medrol and 1 cc of Lidocaine. The request is for a retrospective request for 2nd injection of 1 cc Depo-Medrol and 1 cc Lidocaine to the right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 2nd injection of 1cc Depo-medrol and 1cc lidocaine to the right ankle joint: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle Section, Intra-Articular Injections- Corticosteroids.

Decision rationale: Pursuant to the Official Disability Guidelines, retrospective second injection of 1 mL Depo-Medrol and 1 mL lidocaine to the right ankle joint is not medically necessary. The guidelines state injections (corticosteroid) are not recommended for tendinitis and not recommended for intra-articular administration. Heel pain is under study; tendon; (Achilles tendinitis) is not recommended and intra-articular steroids are not recommended. In this case, the injured worker's diagnoses are sprain/strain of the ankle; derangement of the ankle; instability; and painful gait. The injection therapy was to the right ankle joint. The guidelines indicate corticosteroid injections are not recommended for intra-articular administration or tendinitis. The treating physician does not specifically indicate to what anatomical region within the ankle the corticosteroids are being placed. The injured worker continues to have symptoms in about the right ankle. MRI evaluation of the ankle was negative. There were no improvements after the first administration of the corticosteroid injection to the right ankle. Consequently, absent the appropriate clinical indications for corticosteroid injections to the ankle according to the guidelines, retrospective second injection one ML Depo-Medrol and one ML lidocaine to the right ankle joint is not medically necessary.

Manual Muscle testing: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and Physical Assessment Page(s): 5-6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, manual muscle testing is not medically necessary. Thorough history taking is always important in clinical assessment and treatment planning in the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical and/or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. Diagnostic studies should be ordered in this context and not simply for screening purposes. In this case, the injured workers working diagnoses are sprain/strain of the ankle; derangement of the ankles; instability; and painful gait. Manual range of motion is part of the evaluation and management performed by the treating physician. The treating podiatrist submitted a request for authorization on August 20, 2014 for manual muscle testing. Progress notes from August 20, 2014 and October 15, 2014 contain a normal muscular examination and a

normal neurologic evaluation. There is no discussion of manual muscle testing in the ordering physician's progress notes. There is no clinical rationale or clinical indication for manual muscle testing. Consequently, absent clinical documentation to support manual muscle testing along with a clinical indication/rationale, manual muscle testing is not medically necessary.