

Case Number:	CM14-0180871		
Date Assigned:	11/05/2014	Date of Injury:	05/03/2012
Decision Date:	01/20/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	10/30/2014

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 Physical Medicine and Rehabilitation 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:

The underlying date of injury in this case is 05/03/2012. The date of the initial utilization review under appeal is 10/24/2014. On 09/02/2014, the patient was seen by the treating physician for ongoing right ankle pain and back pain. The patient was noted to be status post a Lisfranc fracture of the right foot with open reduction and internal fixation in March 2013 with repeat surgery 01/21/2014. The patient was also noted to have chronic low back pain, status post an L4 burst fracture 05/03/2012. Treatment plan was to continue pain medicine, as per a separate physician, as well as a request for authorization for an injection and orthotics recommended by that physician. Previously, on 06/20/2014, the consulting physiatrist had recommended possible corticosteroid injection to address acute pain in the lateral area of the ankle. Prior physician review notes that a right ankle injection had been previously approved in a review of 08/02/2013 and that the results of that injection should be reviewed before determining the necessity of a repeat injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Ankle Injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM) guidelines, Chapter 14, ankle, page 376, states that repeated or frequent ankle injections are not indicated. The medical records are unclear, in terms of what type of injections the patient may have previously had or what the response may have been to that treatment. There is insufficient information at this time to support this request. This request is not medically necessary.