

Case Number:	CM14-0184628		
Date Assigned:	11/12/2014	Date of Injury:	08/09/2013
Decision Date:	03/19/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/05/2014

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 61-year-old male who reported an injury on 08/09/2013 due to cumulative trauma while performing normal job duties. The injured worker's treatment history included taping and over the counter medications. The injured worker was evaluated on 09/05/2014. It was noted that the injured worker's pain was rated at a 7/10 of the left ankle. It was documented that the injured worker's pain increased with any type of weightbearing activity. Physical findings included range of motion described as 0 degrees in dorsiflexion and 20 degrees in plantar flexion. It was documented that the injured worker had undergone an x-ray of the left ankle that noted significant osteoarthritis. The injured worker's diagnoses included ankle pain. The injured worker's treatment plan includes continued use of Aleve and a lace up ankle brace. It was noted that the injured worker would be a candidate for a corticosteroid injection if they failed to have any pain relief resulting from that treatment plan. A Request for Authorization dated 09/30/2014 was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Corticosteroids Injection to left ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 367-377.

Decision rationale: The requested corticosteroid injection to the left ankle is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend corticosteroid injections after the injured worker has failed noninvasive techniques; and in conjunction with an active therapy program. The clinical documentation submitted for review does not provide any evidence that the injured worker has failed to respond to immobilization and Aleve. Additionally, there is no documentation for concurrent physical therapy with the corticosteroid injection. As such, the requested corticosteroid injection to the left ankle is not medically necessary or appropriate.