

Case Number:	CM14-0191167		
Date Assigned:	11/25/2014	Date of Injury:	11/01/2010
Decision Date:	02/03/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/17/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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:

According to the records made available for review, the injured worker is a 34 year-old male with a date of injury of 11/01/2010. The result of the injury was fractures of the right leg and right ankle. Diagnoses have included fracture of the right ankle and post traumatic arthritis. Diagnostic studies have included a Magnetic Resonance Imaging (MRI) of the right ankle, performed on 05/09/2014, which was remarkable for moderate to advanced arthrosis of the tibiotalar joint with focal osteochondral lesions and subcondral changes seen along the lateral talar dome and greater along the opposing lateral tibial plafond; and mild posterior tibialis tendinosis and tenosynovitis. Treatments have included medications, physical therapy, transcutaneous nerve stimulator, custom orthotics, and five surgeries. Medications have included Norco, Percocet, Etodolac, Lyrica, ankle joint injections and Toradol intramuscular injections. The steroid injections to the joints was noted to have 1 week effect. Per a progress note from panel qualified medical evaluation, dated 05/07/2014, surgical interventions included a right ankle open reduction of a trimalleolar fracture with distal syndesmotom repair on 11/10/2010, with a partial removal of the hardware taking place on 11/24/2010. On 03/07/2011, the injured worker underwent removal of a syndesmotom screw and washer from the right ankle. On 06/06/2012, the injured worker underwent a right ankle arthroscopy with extensive tibiotalar debridement of fibrous scar tissue, synovectomy, and microfracture of the medial talar dome. On 11/07/2012, the bimalleolar right ankle hardware was removed from the right ankle. A progress note from the treating physician, dated 09/26/2014, reports the injured worker's subjective complaints as severe pain in the right leg and left knee. Objective reports from the physician include the injured worker to have an antalgic gait, limping, and tenderness and swelling of the right knee. The treatment recommendations made by the physician include a trigger point injection for pain and inflammation, continuation of oral pain medications, and scheduling a

follow-up visit. Request is being made for Trigger Point Injections on the Right Ankle. On 10/22/2014, Utilization Review non-certified a prescription for Trigger Point Injections on the Right Ankle. Utilization Review non-certified a prescription for Trigger Point Injections on the Right Ankle. The medical necessity was not established due to the absence of palpable taut band with evidence of twitch response and referred pain. Utilization Review cited the CA MTUS, Chronic Pain Medical Treatment Guidelines: Trigger point injections. Request for application for independent medical review was made on 11/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections on the right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Leg and Foot

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of severe musculoskeletal pain that did not respond to conservative treatments with medications and physical therapy. Trigger point injections are recommended for myofascial pain syndrome with tender taut bands. Joint injections can be utilized for arthritis. The records showed that the patient was diagnosed with post traumatic right arthritis not myofascial pain syndrome. There is history of prior right ankle steroid injections that did not provide significant pain relief. The criteria for trigger point injections to the right ankle were not met. Therefore, this request is not medically necessary.