

Case Number:	CM14-0193893		
Date Assigned:	12/01/2014	Date of Injury:	05/27/2009
Decision Date:	01/15/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/19/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This is a 49 year old patient with date of injury of 05/27/2009. Medical records indicate the patient is undergoing treatment for left tarsal tunnel syndrome, left knee lateral collateral ligament strain, left peroneal tendon tear, tendinitis of left Achilles tendon and left leg neuralgia. Subjective complaints include left knee pain and discomfort described as moderate and frequent and left ankle/foot pain and discomfort described as severe and constant. Objective findings include tenderness of the left knee lateral joint line and left foot decreased range of motion and tenderness. Treatment has consisted of bracing, physical therapy, steroid injection, left tarsal tunnel release, posterior tibial tendon repair and second toe lesser tendon transfer. The utilization review determination was rendered on 11/12/2014 recommending non-certification of Lidocaine (Xylocaine) 10mg/ML 1% injection solution and Triamcinolone acetonide (Kenalog) 40mg/ML injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine (Xylocaine) 10mg/ML 1% injection solution: Upheld

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

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

Decision rationale: MTUS is silent on this issue, but ODG states the following: "Not recommended for tendonitis or Morton's Neuroma, and not recommend intra-articular corticosteroids. Under study for heel pain."The treating physician has not provided documentation as to the dosage or number of injections that are being requested. The medical documentation provided indicates this patient is suffering from pain in more than one location, and the treating physician has not detailed the location of the requested injection. As such, the request for Lidocaine (Xylocaine) 10mg/ML 1% injection solution is not medically necessary.

Triamcinolone acetonide (Kenalog) 40mg/ML injection: Upheld

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

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

Decision rationale: MTUS is silent on this issue, but ODG states the following: "Not recommended for tendonitis or Morton's Neuroma, and not recommend intra-articular corticosteroids. Under study for heel pain."The treating physician has not provided documentation as to the dosage or number of injections that are being requested. The medical documentation provided indicates this patient is suffering from pain in more than one location, and the treating physician has not detailed the location of the requested injection. As such, the request for Triamcinolone acetonide (Kenalog) 40mg/ML injection is not medically necessary.