

Case Number:	CM14-0201893		
Date Assigned:	12/12/2014	Date of Injury:	10/02/2012
Decision Date:	02/17/2015	UR Denial Date:	11/27/2014
Priority:	Standard	Application Received:	12/02/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic ankle pain reportedly associated with an industrial injury of October 2, 2012. In a utilization review report dated November 27, 2014, the claims administrator denied a request for an ultrasound-guided cortisone injection to the left ankle. Non-MTUS Third-Edition ACOEM Guidelines were invoked and, furthermore, mislabeled as originating from the MTUS. The claims administrator referenced an RFA form dated November 12, 2014 in its determination. The applicant's attorney subsequently appealed. In a handwritten note dated November 7, 2014, the applicant reported persistent complaints of left ankle pain. The applicant was apparently using a walking boot, it was stated in one section of the note. In another section of the note, it was stated that the applicant was walking 1-1/2 miles daily. Tenderness was noted about the ankle. A cortisone injection was endorsed for a reported flare in pain. Permanent work restrictions were endorsed. The applicant was given diagnosis of osteochondritis dissecans. It was not clearly stated whether the applicant was or was not working with said limitations in place. On April 14, 2014, the applicant was given a 7% whole-person impairment rating. No work restrictions were endorsed. It was stated that the applicant was working at UPS at this point in time. Two prior subtalar joint injections had been performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection with ultrasound guided left ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): Table 14-6, page 376. Decision based on Non-MTUS Citation Medscape, Osteochondritis Dissecans Treatment and Management Article

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 376, repeated or frequent injections are deemed "not recommended" for ankle and foot complaints, as were/are present here. Here, the attending provider's handwritten progress note of November 7, 2014 was difficult to follow and did not establish a compelling case for a third ankle corticosteroid injection. Medscape, it is incidentally noted, does not establish a role for corticosteroid injections in the treatment of osteochondritis dissecans, the diagnosis reportedly present here, stating that conservative treatment includes immobilization in a cast and/or brace and, in applicants who fail to respond favorably to the same, surgical intervention. Again, the attending provider's handwritten progress note of November 7, 2014 did not provide much in the way of narrative commentary and/or outline a case for a third ankle corticosteroid injection. Therefore, the request is not medically necessary.