

Case Number:	CM14-0205507		
Date Assigned:	12/17/2014	Date of Injury:	09/13/2012
Decision Date:	02/12/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/08/2014

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 Internal Medicine, has a subspecialty in HPM and is licensed to practice in Pennsylvania. 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 injured worker is a 56-year-old woman with a date of injury of 09/13/2012. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 11/07/2014 indicated the worker was experiencing right ankle pain. Documented examinations consistently described tenderness along the outer ankle and foot. The submitted and reviewed documentation concluded the worker was suffering from right foot and ankle pain, right plantar fasciitis, right ankle peroneal tendonitis, and partial sprain of the right anterior talofibular ligament. Treatment recommendations included new orthopedic shoes with inserts and medication injected into the right tibiotalar joint using ultrasound guidance. A Utilization Review decision was rendered on 11/21/2014 recommending non-certification for injection of Kenalog into the right ankle using ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right ankle injection of Kenalog under ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and www.ncbi.nlm.nih.gov

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 361-386.

Decision rationale: The ACOEM Guidelines support the use of steroid injections in the treatment of heel spur discomfort that does not improve with four to six weeks of conservative management, Morton's neuroma, and plantar fasciitis. The submitted and reviewed documentation concluded the worker was suffering from right foot and ankle pain, right plantar fasciitis, right ankle peroneal tendonitis, and partial sprain of the right anterior talofibular ligament. Treatment recommendations included new orthopedic shoes with inserts and medication injected into the right tibiotalar joint using ultrasound guidance. While these records indicated the worker was suffering in part from plantar fasciitis, the location of this injection would not be expected to have any effect on this condition. There was no discussion suggesting this request was intended to treat any of the issues supported by the Guidelines. In the absence of such evidence, the current request for the injection of Kenalog into the right ankle using ultrasound guidance is not medically necessary.