

Case Number:	CM14-0206659		
Date Assigned:	12/18/2014	Date of Injury:	12/13/2012
Decision Date:	02/12/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/10/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional spine 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 patient is a 35 year old male with an injury date on 12/13/12. The patient complains of continued left lower extremity pain, with neuritic pain at medial aspect of the left ankle and foot per 10/17/14 report. The patient's pain at the left first hallux is unchanged, as well as the patient's left plantar arch pain per 10/17/14 report. The patient describes pain as rated 9/10 at its worst, and 9/10 at its best per 9/19/14 report. The patient complains of signs of diabetes (frequent urination, excessive thirst/hunger, blurred vision) per 9/19/14 report. Based on the 8/12/14 progress report provided by the treating physician, the diagnoses are: 1. unspecified fracture of ankle, closed 2. causalgia of lower limb 3. lumbago A physical exam on 10/17/14 showed "Full range of motion for all joints from the ankle joint distal without pain, crepitation, or instability appreciated at the bilateral lower extremities." Left ankle: severe pain to palpation over the anterior talofibular ligament and severe tenderness to palpation over the calcaneofibular ligament." The patient's treatment history includes medications, home exercise program (stretching of calf/hamstring), foot orthoses of bilateral feet, athletic shoe gear during all weightbearing of bilateral feet, cryotherapy. The treating physician is requesting corticosteroid injections at left ankle; series of 2. The utilization review determination being challenged is dated 11/17/14. The requesting physician provided treatment reports from 8/8/14 to 10/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Corticosteroid injections at left ankle; series of 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee/Leg Chapter. Topic: Cortisone Injection.

Decision rationale: This patient presents with left lower extremity pain. The treating physician has asked for CORTICOSTEROID INJECTIONS AT LEFT ANKLE; SERIES OF 2 on 10/17/14. The treating physician states: "patient's severe left lower extremity pain at the posterior tibial nerve MPN and LPN may benefit from a series of up to 2 corticosteroid injections at each location" per 10/17/14 report. Review of the reports do not show any evidence of corticosteroid injections to the ankle being administered in the past. Regarding cortisone Injections for the knee/ankle, ODG recommends for short-term use only. ODG states: "Only one injection should be scheduled to start, rather than a series of three. A second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response. With several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option. The number of injections should be limited to three." In this case, the patient's ankle has not responded to conservative modalities. The treating physician is requesting a series of 2 cortisone injections of the ankle, but ODG guidelines only recommend 1 injection at a time. A repeat injection would be indicated if the first injection proves efficacious after "several weeks" of resolution of symptoms, as per ODG guidelines. The request IS NOT medically necessary.