

<b>Case Number:</b>	CM14-0206831		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	04/01/2013
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine 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 25-year-old woman with a date of injury of 04/01/2013. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician note dated 10/30/2014 indicated the worker was experiencing right leg and ankle pain with swelling. Documented examinations consistently described decreased sensation in the right foot and ankle and tenderness in both feet. The submitted and reviewed documentation concluded the worker was suffering from enthesopathy, tendonitis, a prior torn tendon, plantar fasciitis, and right ankle synovitis. Treatment recommendations included medication, medication injected into the right ankle, orthotics, and follow up care. A Utilization Review decision was rendered on 11/10/2014 recommending non-certification for a diagnostic injection of the right ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic Injection right ankle:** Upheld

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

**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 records concluded the worker was suffering from enthesopathy, tendonitis, a prior torn tendon, plantar fasciitis, and right ankle synovitis. The documented examination did not show findings that were clearly due to plantar fasciitis. There was no discussion detailing the reason(s) injecting medication into the ankle was expected to be of benefit, describing the expected goals, or sufficiently supporting this request. In the absence of such evidence, the current request for a diagnostic injection of the right ankle is not medically necessary.