

Case Number:	CM14-0048869		
Date Assigned:	06/25/2014	Date of Injury:	05/13/2008
Decision Date:	03/27/2015	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/26/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57-year-old male who reported injury on 05/13/2008. The mechanism of injury was the injured worker was working, and the safety bar catch was broken, allowing the bar to swing freely, causing the injured worker to jump and twist backwards, fell off a 10 inch curb. The injured worker injured his left knee, ankles, and bilateral arms and hands. The injured worker underwent a left knee arthroscopic surgery and physical therapy. There was a Request for Authorization for a cortisone injection to the bilateral ankles dated 02/25/2014. The documentation of 02/18/2014 revealed the injured worker had complaints of bilateral ankle pain right greater than left. The injured worker was noted to have Supartz injections previously, and the request was made for the injured worker to receive right ankle cortisone injection, as well as medically managed weight loss program. The physician stated the injured worker would eventually need surgery in the form of a total knee replacement, but would have to have weight loss, as the injured worker was 380 pounds, approximately 100 pounds overweight. The injured worker was noted to walk with a guarded gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Cortisone injection to 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): 369-371.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that invasive techniques have no proven value, with the exception of a corticosteroid injection to the affected web space in injured workers with Morton's neuroma, or in affected areas for injured workers with plantar fasciitis or a heel spur, if 4 to 6 weeks of conservative therapy is ineffective. The clinical documentation submitted for review failed to provide documentation of prior conservative care for the ankle. There was a lack of documentation of objective findings upon physical examination to support the necessity for the injection. There was a lack of documentation indicating the injured worker had plantar fasciitis, Morton's neuroma, or a heel spur. Given the above, the request for 1 cortisone injection into the right ankle is not medically necessary.