

Case Number:	CM14-0068267		
Date Assigned:	07/14/2014	Date of Injury:	06/20/2013
Decision Date:	04/07/2015	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/13/2014

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 61-year-old male with an industrial injury dated 06/20/2013. He reports while working as a truck driver he was standing on the front steering tire of his truck washing the window and as he turned to jump off the truck he landed on the ground and rolled the right ankle significantly. He presented on 03/12/2014 stating he continues to experience pain in the ankle joint which is worse with walking and weight bearing. Physical exam noted pulses were palpable bilaterally with capillary refill less than 3 seconds. MRI of the right ankle done on 03/04/2014 is documented as: Unremarkable MRI of the ankle. The provider notes his findings include increased signal on T2 images at the anterior and antero-lateral aspect of the ankle joint which indicate likely sequelae of an ATFL tear as well as anterior ankle synovitis and impingement. Prior treatments include diagnostics, ace bandage, ankle brace, crutches and physical therapy. Diagnosis included chronic right ankle sprain and right anterior ankle synovitis. Intra-articular injection to the right ankle for diagnostic and therapeutic purposes was requested. On 04/21/2014 the request for intra-articular injection of the right ankle was denied by utilization review. ACOEM was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right ankle intra-articular injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 375-379. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Injections.

Decision rationale: ODG states "Not recommended for tendonitis or Morton's Neuroma, and not recommend intra-articular corticosteroids". ODG additionally states "Criteria for alcohol injections for Morton's neuroma: A. 6 months of conservative therapies have been attempted and have been documented as having failed: Change in shoe types that are reported to result in neuroma-like symptoms. Change or limitation in activities that are reported to result in neuroma-like symptoms. Use of metatarsal pads (placed proximal to the metatarsal heads) to reduce pressure on the nerve by spreading the metatarsals. B. Injections are expected to be performed according to the following protocol: Ultrasonic imaging guidance (depends on the provider's access to and comfort with ultrasound). If there is a clinically significant positive response, symptoms reduced, reported and documented after 2 injections, up to 3 additional (or less if the patient reports elimination of neuroma symptoms) at 14 day intervals. If, however, two consecutive injections fail to achieve continued and clinically significant symptom improvement, subsequent injections would be not necessary. ACOEM states "For patients with point tenderness in the area of a heel spur, plantar fasciitis, or Morton's neuroma, local injection of lidocaine and cortisone solution". It is a D recommendation meaning the Panel interpretation of evidence not meeting inclusion criteria for research-based evidence. The treating physician has not provided documentation to meet the above guidelines and justify an injection at this time. As such, the request for Right ankle intra-articular injection is not medically necessary.