

Case Number:	CM14-0075781		
Date Assigned:	07/16/2014	Date of Injury:	08/01/1993
Decision Date:	01/30/2015	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/23/2014

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 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 injured worker (IW) is a 53-year-old man with a date of injury of August 1, 1993. The mechanism of injury was not documented in the medical record. The IW underwent surgical repair of ligaments in 1997. The IW underwent a second surgery, however, did not know the nature of the surgery. He was given orthotics. A progress note dated April 23, 2014 from the treating podiatrist listed diagnoses that were largely illegible. The second diagnosis out of four was plantar fasciitis. The IW complains of left ankle soreness that increases with walking and standing. He takes Norco 10mg for the pain. Objective findings reveal positive numbness in the big toe area. Neurological examinations of the bilateral toes reveals decreased sensation to light touch. The treatment plan includes request MRI of the left ankle. The current request is for left ankle injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Ankle Corticosteroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Ankle Section, Injections Corticosteroids

Decision rationale: Pursuant to the Official Disability Guidelines, left ankle corticosteroid injection is not medically necessary. Corticosteroid injections are not recommended for tendinitis or Morton's neuroma and not recommended for intra-articular administration of steroids. See the Official Disability Guidelines for details. In this case, the injured worker underwent surgical repair of ligaments in 1997. The injured worker underwent a second surgery, however, did not know the nature of the surgery; was given orthotics. A progress note dated April 23, 2014 from the treating podiatrist listed diagnoses that were largely illegible. The second diagnosis out of four was plantar fasciitis. The others were illegible. The guidelines do not recommend intra-articular corticosteroids at the ankle. There is no documentation with clinical indications for clinical rationale to support an intra-articular corticosteroid injection. Consequently, after the appropriate clinical indication, clinical rationale and supporting clinical documentation, left ankle corticosteroid injection is not medically necessary.