

Case Number:	CM14-0095769		
Date Assigned:	07/25/2014	Date of Injury:	08/01/1993
Decision Date:	04/14/2015	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/24/2014

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: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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 53-year-old male, who sustained an industrial injury on 08/01/1993. He has reported subsequent neck, back, knee, ankle and elbow pain and was diagnosed with cervical degenerative disc disease, thoracic spine sprain/strain, lumbar degenerative disc disease, bilateral knee internal derangement and left ankle traumatic arthritis. Treatment to date has included oral pain medication, epidural steroid injections and trigger point injections. In a progress note dated 05/07/2014, the injured worker complained of increased pain in the left ankle. Objective findings of the ankle were notable for obvious swelling, tenderness to palpation throughout, decreased range of motion and a reddish hue. A request for ankle injection was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left ankle injection with .75cc DepoMedrol, 1.5cc Marcaine and 1.5cc Lidocaine x1:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371. Decision based on Non-MTUS Citation Official Disability Guidelines-Ankle and Foot Chapter- Injections (corticosteroids).

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

Decision rationale: CA MTUS is silent on ankle injections. ODG states that intra-articular steroid injections are not recommended. Additionally injections for Morton's Neuroma and Achilles tendonitis are not recommended. The request for left ankle injection is not medically indicated.