

Case Number:	CM15-0004787		
Date Assigned:	01/16/2015	Date of Injury:	07/25/2014
Decision Date:	03/13/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/09/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 72- year old female, who sustained an industrial injury on July 25, 2014. She has reported a laundry basket hitting her right leg resulting in constant pain, while driving the pain radiated up into her hip. The diagnoses have included right ankle and knee sprain. Treatment to date has included pain medication, physical therapy, heat/ice therapy, steroid injections and a support brace. Currently, the IW complains of right knee and ankle pain that was constant and aching and was aggravated with walking and physical therapy. The pain was improved with rest. The right knee was tender on the right medial joint line, positive for effusion, normal range of motion and strength. Work restrictions include no climbing, limited standing and walking to two hours per day, limited lifting, pushing and pulling up to ten pounds. Worker wears a foot brace/splint. Diagnosis included Right knee/leg sprain/strain. On December 10, 2014, the Utilization Review decision non-certified a request for an ultrasound guided injection to the right ankle, noting the guidelines do not intra-articular steroid injections for ankle conditions. The ODG Ankle and Foot Guidelines were cited. On December 11, 2014, the injured worker submitted an application for IMR for review of an ultrasound guided injection to the right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided injection to right ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ankle & Foot, Injections (Corticosteroids)

Decision rationale: Intra-articular steroid injections of the ankle are not recommended per ODG guidelines. Most evidence for the efficacy of intra-articular corticosteroids is confined to the knee, with few studies considering the joints of the foot and ankle. No independent clinical factors were identified that could predict a better postinjection response. Corticosteroid injections of the knee are indicated for osteoarthritis. In this case the patient has a diagnosis of sprain/strain right ankle. Steroid injections of the ankle are not recommended. The request should not be authorized.