

Case Number:	CM15-0004991		
Date Assigned:	01/16/2015	Date of Injury:	08/08/2012
Decision Date:	03/16/2015	UR Denial Date:	12/30/2014
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 41 year old female who sustained an industrial injury on August 8, 2012. She has reported twisting her right ankle and has been diagnosed with chronic right ankle pain, right ankle internal derangement, right ankle bone marrow edema associated with fragmentation, and os trigonum along the margin of accessory ossification. Treatment to date have included medical imaging, surgery, physical therapy, cortisone shots, and medications. Currently the injured worker has tenderness to palpation throughout the medial aspect of the ankle. The treatment plan has included diagnostic and therapeutic injection. On December 30, 2014 Utilization Review non certified diagnostic and therapeutic injection of the os trigonum and posterior ankle and posterior subtalar joint under radiographic guidance citing MTUS and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic and therapeutic injection of the os trigonum and the posterior ankle and posterior subtalar joint under radiographic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Ankle/foot chapter, Injections (corticosteroid)

Decision rationale: This patient presents with chronic right ankle pain. The current request is for DIAGNOSTIC AND THERAPEUTIC INJECTION OF THE OS TRIGONUM AND THE POSTERIOR ANKLE AND POSTERIOR SUBTALAR JOINT UNDER RADIOGRAPHIC GUIDANCE CITING. ACOEM chapter 14, page 371 Invasive techniques (e.g., needle acupuncture and injection procedures) have no proven value, with the exception of corticosteroid injection into the affected web space in patients with Morton's neuroma or into the affected area in patients with plantar fasciitis or heel spur if four to six weeks of conservative therapy is ineffective. The ODG guidelines under its ankle/foot chapter has the following regarding Injections (corticosteroid), Not recommended for tendonitis or Morton's Neuroma, and not recommend intra-articular corticosteroids, under study for heel pain. Corticosteroid injection about the ankle is supported when the patient has Morton's neuroma, plantar fasciitis or heel spurs per ACOEM. In this case, this patient suffers from ankle derangement and does not meet the indications outlined for injection support in ACOEM. The request IS NOT medically necessary.