MAXIMUS Federal Services

Case Number:	CM15-0006744		
Date Assigned:	01/26/2015	Date of Injury:	08/29/2005
Decision Date:	03/23/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/13/2015

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: Preventive Medicine, Occupational 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:

This 68 year old female sustained a work related injury on 08/29/2005. A request for authorization dated 01/05/2015 was submitted for review. Diagnoses included enthesopathy of ankle and Tarsus and osteoarthritis unspecified. According to the most recent progress report submitted for review and dated 04/17/2014, the injured worker complained of lateral ankle and foot pain. She had tried multiple injections and seen a pain specialist without relief. The injured worker underwent and injection to the lateral aspect of her right ankle with xylocaine, Marcaine and Celestone. Pain was reduced from a 7 to a 3 with the injection after ten minutes. In the plan of care the provider noted that if there was no improvement of pain, an external neurology or removal of a neuroma would be indicated. A MRI of the peroneal tendons would also be indicated to evaluate for possible surgical intervention of scarred tendons with graft jacket and external neurolysis. An MRI was scheduled.On 01/06/2015, Utilization Review non-certified follow-up right ankle and Celestone Injection right ankle. According to the Utilization Review physician, in regards to the Celestone injection, the injured worker had previous injections in the ankle with no improvement. There was no rationale provided why the repeat injection was necessary given the failure of the previous injections. In regards to the follow up, there was no rationale provided why a follow up visit was necessary. Guidelines cited for the follow up included CA MTUS ACOEM Ankle and Foot Complaints. Guidelines cited for the injections included Official Disability Guidelines Ankle & Foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up, for the the right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372.

Decision rationale: Per the MTUS Guidelines, patients with ankle and foot complaints may have initial follow-up every three to five days by a mid level practitioner or physical therapist who can provide counseling about avoiding static positions, medication use, activity modification,and other concerns. Care should be taken to answer questions and make these sessions interactive so that the patient is fully involved in his or her recovery. If the patient has returned to work, these interactions may be done on site or by telephone to avoid interfering with modified or full-work activities. Physician follow-up is appropriate when a release to modified, increased, or full-duty work is needed, or after appreciable healing or recovery is expected. Later physician follow-up might be expected every four to seven days if the patient is off work and every seven to fourteen days if the patient is working.This injured worker has been injured over 9 years and has arthritic pain of her ankle that persists despite treatment. There is no rationale provided in regards to why follow up is indicated. The injured worker does not meet the conditions for continued follow up as described in the MTUS Guidelines. The request for Follow up, for the the right ankle is determined to not be medically necessary.

Celestone injection #2 for the right ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Ankle and Foot, Injections (corticosteroid)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 14 Ankle and Foot Complaints Page(s): 48, 371.

Decision rationale: Per the MTUS Guidelines, injections of corticosteroids or local anesthetics or both should be reserved for patients who do not improve with more conservative therapies. Steroids can weaken tissues and predispose to re injury. Local anesthetics can mask symptoms and inhibit long-term solutions to the patient's problem. 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 injured worker has had Celestone injection for her ankle previously without report of significant improvement. The injured worker has arthritic pain in her ankle. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for Celestone injection #2 for the right ankle is determined to not be medically necessary.