

Case Number:	CM15-0102658		
Date Assigned:	06/05/2015	Date of Injury:	08/02/2013
Decision Date:	07/08/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	05/28/2015

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 Jersey
 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 45 year old female, who sustained an industrial injury on August 2, 2013. She reported the her seat broke, falling into the machine she was working at, inverting her right ankle and feeling a pop in her right shoulder and the right side of her lower back. The injured worker was diagnosed as having lumbago with right leg sciatica, right shoulder impingement syndrome, right shoulder pain, right ankle pain, and right shoulder rotator cuff tear. Treatment to date has included lumbar medial branch blocks, electrodiagnostic studies, physical therapy, MRIs, and medication. Currently, the injured worker complains of right shoulder pain, low back pain, right leg pain, and right ankle pain. The Primary Treating Physician's report dated April 7, 2015, noted the injured worker was scheduled for an epidural steroid injection (ESI) to her lumbar spine at L4-L5 and L5-S1 right side on April 13, 2015. The injured worker's current medications were noted to include Cyclobenzaprine, Diclofenac, and Tramadol. Physical examination of the right ankle was noted to show evidence of tinea pedia at the entire plantar surface of her foot with some fissuring at the heel, and pain with direct palpation of the ATFL, the area of the sinus tarsi, and talotibial joint. The treatment plan was noted to include approved physical therapy sessions, refill of medications, and a right sided lumbar epidural steroid injection (ESI).

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Ankle Steroid Injection under ultrasound guidance: 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): 376. Decision based on Non-MTUS Citation ODG, Ankle and Foot section, Injections (corticosteroids).

Decision rationale: The MTUS ACOEM Guidelines state that corticosteroid injections in the foot or ankle are only recommended for tenderness in the area of a heel spur, for plantar fasciitis, or for Morton's neuromas. It does not recommend frequent or repeated injections in general. The ODG, however, does not recommend injections for Morton's neuroma, Achilles tendonitis or intra-articular joint injections of the foot or ankle due to limited evidence for benefit. In the case of this worker, there was no evidence to suggest the indications listed above were present based on subjective complaints and physical examination findings. Injections are not indicated for ankle sprains as was evidenced in prior progress notes. Therefore, the request for right ankle steroid injection is not medically necessary or appropriate.