

Case Number:	CM15-0106909		
Date Assigned:	06/11/2015	Date of Injury:	01/17/2014
Decision Date:	07/29/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	06/03/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 (IW) is a 45 year old female who sustained an industrial injury on 01/17/2014. She reported slipping on rollers and rolling her ankle. The injured worker was diagnosed as having ankle sprain. She later was diagnosed with left distal tibia posterior malleolar fracture; junction of the middle and distal third fibula fracture; status post open reduction and internal fixation of her left distal posterior tibial plafond fracture and open reduction and internal fixation of her junction of the middle and distal third fibula fracture with a plate fixation of both fracture sites. AS of 04/07/2015, her diagnoses include sinus tarsi syndrome. Treatment to date has included a walking boot, medications, surgery, and physical therapy. Currently (04/07/2015), the injured worker complains of pain and swelling of the left ankle with walking or standing. She also has pain in the front of her leg with standing and walking. On neurological exam, the sensation of sharp-dull and light touch is greater in the right than in the left. Achilles and patellar reflex are equal in both right and left, and the assessment is for ankle synovitis, ankle capsulitis, myositis, and plantar fasciitis. The treatment plan includes a left ankle intra-articular injection. A request for authorization is made for Left Ankle Intra Articular Injection, 2cc Marcaine, 0.5% and 2cc Lidocaine, 1%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Ankle Intra Articular Injection, 2cc Marcaine, 0.5% and 2cc Lidocaine, 1%: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

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

Decision rationale: Pursuant to the Official Disability Guidelines, left ankle intra-articular injection 2 cc of Marcaine 0.5% and 2 cc of lidocaine 1% is not medically necessary. Corticosteroid injections are not recommended (intra-articular). Specific indications include heel pain (plantar fasciitis); tendon (Achilles tendinitis). In this case, the injured worker's working diagnoses are ankle capsulitis; ankle synovitis; myositis; plantar fasciitis; and sinus tarsi syndrome. Subjectively, the injured worker has ongoing pain and swelling. The injured worker is status post surgery February 2014. The injured worker received postoperative physical therapy. Objectively, there is tenderness palpation over the styloid process of the fifth metatarsal on the right. The left foot is notable for tenderness over the posterior tibial tendon and plantar fascia at the level of the medial tubercle. See the documentation for additional objective details. The treatment plan recommends a left ankle intra-articular injection. The guidelines do not recommend intra-articular injections. Consequently, absent guideline recommendations for intra-articular injections, left ankle intra-articular injection 2 cc of Marcaine 0.5% and 2 cc of lidocaine 1% is not medically necessary.