

Case Number:	CM15-0132058		
Date Assigned:	07/20/2015	Date of Injury:	04/21/2014
Decision Date:	08/19/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/08/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 36-year-old female who sustained an industrial injury on 4/20/14. Injury occurred when she twisted her right ankle at work, with immediate onset of pain. Conservative treatment included immobilization in a CAM boot, partial weight bearing, physical therapy, bracing, acupuncture, activity modification, and medications. The 8/27/14 right ankle MRI impression documented a high-grade sprain involving the anterior talofibular ligament, minimal tenosynovitis of the peroneal tendons, small effusion at the tibiotalar joint and posterior subtalar joint, and mild non-specific subcutaneous edema around the ankle laterally. She underwent right ankle video arthroscopy and synovectomy, and anterior talofibular ligament repair on 3/13/15. The 6/25/15 treating physician report cited continued lateral right ankle pain and pain under the right arch. Physical exam findings documented mild lateral ankle edema, tenderness over the anterior talofibular ligament, minimal pain with range of motion, no crepitation, negative anterior drawer, and pain with inversion testing. The diagnosis was right ankle instability, acute tenosynovitis, and right ankle sprain. The treatment plan included ambulation as tolerated without the CAM boot, and 12 additional physical therapy visits. The treating physician report opined that she would need an injection if pain persisted. She was temporarily totally disabled. Authorization was requested for a MLK F2 kit. The 7/2/15 utilization review non-certified the request for an MLK F2 kit as guidelines did not support these ingredients as a compound topical anesthetic cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

MLK F2 Kit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): table 3-1, Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines: Topical Compound medications; Food & Drug Administration.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot: Injections (corticosteroid).

Decision rationale: The MLK F2 kit is an injection kit containing single dose vials of Marcaine, Lidocaine, and Kenalog. The California MTUS guidelines support corticosteroid injections for patients with point tenderness in the area of a heel spur, plantar fasciitis, or Morton's neuroma. Repeated or frequent injections are not recommended. The Official Disability Guidelines state that injections for tendinitis and intra-articular ankle corticosteroid injections are not recommended. 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. Guidelines state that no independent clinical factors were identified that could predict a better post injection response. Guideline criteria have not been met. This injured worker presents with continued right lateral ankle pain following anterior talofibular (ATF) ligament repair. The diagnosis included acute tenosynovitis and ankle sprain. There is no compelling rationale presented to support the medical necessity of an ankle corticosteroid injection in the absence of guideline support. Therefore, this request is not medically necessary at this time.