

Case Number:	CM15-0135366		
Date Assigned:	07/23/2015	Date of Injury:	12/09/2011
Decision Date:	08/21/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/13/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 53-year-old female who sustained an industrial injury on 12/09/2011. Diagnoses include acute capsulitis, acute tenosynovitis, and left lateral ankle sprain. Treatment to date has included conservative measures including, bracing, medications, injections, orthotics and physical therapy. Progress Report dated 6/17/2015 reports continued left ankle pain and swelling. She states that it is now constant and getting worse. Physical examination revealed tenderness to palpation of the medial and lateral gutters of the left ankle. There was pain with range of motion and no ligamentous laxity. Anterior drawer testing was negative. Plan of care includes: additional physical therapy and an injection for the left ankle. Work status was not noted. Follow up in 45 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection with MLK F2 kil (Meracaine, Lidocaine, Kenalog) for the left ankle: Upheld

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

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

Decision rationale: The patient is a 53-year-old female who had an injury on 12/09/2011. She had a left ankle sprain. The request is for an injection of local anesthetic and steroid into the left ankle. MTUS, ACOEM Chapter 14 on page 371 notes that injections for ankle/foot injuries are not medically necessary except for plantar fasciitis, spur or a web space with Morton's neuroma. The patient does not have any of these three conditions and the requested injections are not consistent with ACOEM guidelines.