

<b>Case Number:</b>	CM15-0138524		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	05/06/2015
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: Emergency 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 is a 29-year-old male who sustained an industrial injury 05/06/2015. Diagnoses/ impressions include left ankle strain. Treatment to date has included medications and cam boot and crutches. According to the progress notes dated 7/6/15, the IW reported pain rated 7-8/10 in the left ankle. X-rays showed no fracture. On examination, no redness or swelling was noted in the left ankle. There was tenderness to palpation over the left lateral malleolus into the sinus tarsi. Dorsiflexion and plantar flexion was painful. Lower extremity pulses were strong and muscle strength was 4/5. The treatment plan included continuing Naprosyn and discontinuing Norco; physical therapy was requested. A request was made for outpatient cortisone injections (3 total) to the left ankle bi-weekly.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cortisone Injections (3 total) to the Left Ankle bi-weekly, Outpatient: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): TABLE 14-6.

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

**Decision rationale:** As per MTUS ACOEM guidelines, cortisone injections are only indicated 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. There is no documentation of appropriate conservative care and no documentation of appropriate diagnosis to indicated benefit from injection. Cortisone injection is not medically necessary.