

Case Number:	CM15-0149281		
Date Assigned:	08/12/2015	Date of Injury:	12/11/2013
Decision Date:	09/25/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	07/31/2015

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: Preventive Medicine, Occupational 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 54 year old male who sustained an industrial injury on 12-11-13. His initial complaint was noted to be left heel pain, which was caused by a heavy object being "running over it". On 7-21-15, the injured worker was noted to present to the office for MRI review and treatment disposition. The MRI was completed on 7-17-15. The report states that he had a history of recommended peroneal tendon repair. However, "this was denied by independent medical review". His diagnoses included contusion of the ankle, Achilles tendinitis, painful scar, and abnormality of gait. The treatment plan states "Prior request for authorization for inclusion of peroneal tendon repair has demonstrated now ongoing tendinosis, evidence of reparative healing and pain consistent with lateral peroneal tendon derangement and on physical exam of greater concern at this point is the ongoing increasing size and ongoing pain to the left ankle". It also states "Osteochondral defect appears to have increased in size with ongoing swelling". The recommendations was a diagnostic ankle injection on the left side to "determine how much pain is emanating from inside of the joint versus outside the joint, not to mention the peroneal derangement, which is an ongoing issue that should have had surgical repair now greater than seven months from prior recommendation that was denied". The treatment plan indicates that an MRI confirmed "peroneal derangement". Other treatment recommendations included a CT scan of the left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Therapeutic Injection of the left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle Chapter/Steroids (injection) Section.

Decision rationale: The MTUS guidelines do not address the use of diagnostic injections for the ankle. Per the ODG, Steroid injections of the ankle are currently under study. There is little information available from trials to support the use of peritendinous steroid injection in the treatment of acute or chronic Achilles tendinitis. 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. No independent clinical factors were identified that could predict a better post-injection response. In this case, the injured worker received a therapeutic injection to the ankle on 12/6/14 with only 30% relief for a brief period, therefore, the request for diagnostic therapeutic injection of the left ankle is not medically necessary.