

<b>Case Number:</b>	CM15-0165052		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	05/29/2014
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 41 year old male who sustained an industrial injury on 05-29-2014. Mechanism of injury was a slip and fall. Diagnoses include ankle sprain, rotator cuff syndrome of the right shoulder status post shoulder surgery on 01-12-2015, and a strain of the right wrist. Treatment to date has included diagnostic studies, mediations, shoulder surgery, and physical therapy. He is not working. His medications include Ibuprofen and topical metronidazole. He is now working part time. Magnetic Resonance Imaging of the left ankle showed slight thickening indicative of prior sprain and a history of previous sprain to the deep tibiotalar deltoid ligament. A physician progress note dated 07-30-2015 documents the injured worker complains of pain in his right ankle which is worse with weight bearing. He rates his pain as 3 out of 10 and it is throbbing and sharp. He has swelling and there is tenderness to palpation over the ATFL and sinus tarsi. He has pain with eversion and inversion in the ankle. There is tenderness and hypertonicity of the cervicotrachezius and decreased strength but it is improving. There is mild tenderness in the right wrist, and range of motion is ok. Treatment requested is for Retrospective: ultrasound guided Injection left ankle done in office.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Ultrasound Guided Injection Left Ankle Done In Office: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines: Ankle and Foot Disorders - Ankle Sprain; Clinical Measures, Injection Therapy - Corticosteroid Injections.

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

**Decision rationale:** The claimant sustained a work-related injury in May 2014 and is being treated for right wrist and left ankle pain. He completed 12 physical therapy treatments from 06/12/15 through 07/27/15 for a diagnosis of a sprain of the ankle and wrist. When seen, there had been no improvement after the physical therapy treatments. He was having ankle pain, worse with weight bearing. There was swelling over the anterior talofibular ligament and sinus tarsi and pain with inversion and eversion. His BMI was 33. Authorization for an ultrasound guided ankle injection was requested. An intra-articular corticosteroid injection of the ankle is 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. A therapeutic injection is being requested. The request is not considered medically necessary.