

Case Number:	CM15-0169454		
Date Assigned:	09/10/2015	Date of Injury:	10/05/2010
Decision Date:	10/13/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	08/27/2015

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 54-year-old female, with a reported date of injury of 10-05-2010. The mechanism of injury was the result of the twisting of her right foot and fall forward to the ground. The injured worker's symptoms at the time of the injury included immediate pain in her right ankle. The diagnoses include mechanical low back pain, lumbar facet joint arthropathy, lumbar degenerative disc disease, probable right sacroiliitis, possible right L5 and S1 radiculitis, myofascial pain syndrome, and depression secondary to chronic pain. Treatments and evaluation to date have included oral medication and a TENS (transcutaneous electrical nerve stimulation) unit. The diagnostic studies to date included urine drug screen on 03-23-2015 with negative findings; a urine drug screen on 04-15-2015; and a urine drug screen on 06-03-2015 with positive findings of opioids. The progress report dated 08-19-2015 indicates that the injured worker denied any change in her condition. She continued to have pain in the dorsal mid-foot on weight-bearing. Her back pain radiated to the right lower extremity and foot, which was constant and worsened by maintaining any position more than a few minutes. The objective findings include dorsiflex of the right ankle at 20 degrees; plantar flex of the right ankle at 50 degrees; inversion of the right ankle at 30 degrees; eversion of the right ankle at 15 degrees; and tenderness to palpation of the entire right ankle joint. The injured worker has been instructed to return to modified work on 08-19-2015. The request for authorization was not provided in the medical records. The treating physician requested a cortisone injection to the right ankle. The rationale for the request was not indicated. On 08-27-2015, Utilization Review non-certified the request for a cortisone injection to the right ankle since there was no documentation that recent less invasive comprehensive treatment trial and failures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone Injection to Right Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Summary, Physical Methods.

Decision rationale: As per MTUS ACOEM guidelines, Invasive techniques have no proven value, with the exception of corticosteroid injection into the affected web space in patients with 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 any recent intensive conservative therapy attempted thus far. While MRI shows signs of potential plantar fasciitis, exam is not consistent with disease and rationale for injection request was not provided. Such injections only provide temporary relief and there is no long term plan documented. Steroid injection of ankle is not medically necessary.