

Case Number:	CM15-0180825		
Date Assigned:	09/22/2015	Date of Injury:	06/22/2015
Decision Date:	10/30/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/14/2015

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: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 39 year old male who reported an industrial injury on 6-22-2015. His diagnoses, and or impressions, were noted to include left ankle extensor digitorum brevis tendinitis and pain; sinus tarsi ligament sprain; flexor hallucis tenosynovitis; posterior tibial tendon tenosynovitis. Recent x-rays of the left ankle were done on 8-4-2015, noting possible fracture; and magnetic imaging studies on 8-20-2015, noting abnormal findings. His treatments were noted to include: casting; medication management; and modified work duties. The progress notes of 8-25-2015 reported complaints, which included: status-post injury to both feet, ankle and right knee, with considerable amount of pain in both feet and ankle. The objective findings were noted to include: review of the left ankle pictures, brought in by the injured worker, which showed soft tissue edema in the left foot and ankle, anteriorly; painful range-of-motion with plantar flexion; marked tenderness in the sinus tarsi; tenderness over the extensor digitorum brevis; and marked tenderness over the posterior tibial tendon over the posterior malleoli. The physician's requests for treatment were noted to include the best option to be for a steroid injection to the left ankle due to tendinitis and tenosynovitis. The Request for Authorization, dated 8-26-2015, was noted to include steroid shot for left post tib & fib & sinus tarsi, quantity 3. The Utilization Review of 9-2-2015 non-certified the request for a steroid shot to the left posterior tibia and fibula, sinus tarsi (left ankle), x 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid shot for the left post tib and fib, sinus tarsi x3 (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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and foot chapter under Steroid (injection).

Decision rationale: The current request is for Steroid shot for the left post tib and fib, sinus tarsi x3 (left ankle). Treatment history include medications, physical therapy, casting, modified work duties. The patient is TTD. ODG guidelines, under the ankle and foot chapter, regarding Steroid (injection) states: Under study. There is little information available from trials to support the use of peritendonous steroid injection in the treatment of acute or chronic Achilles tendinitis. (McLauchlan, 2002) 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 postinjection response. (Ward, 2008) Per report 08/25/15, the patient is status-post injury to both feet, ankle and right knee, with considerable amount of pain in both feet and ankle. The objective findings showed soft tissue edema in the left foot and ankle, painful range-of-motion with plantar flexion, marked tenderness in the sinus tarsi, tenderness over the extensor digitorum brevis, and marked tenderness over the posterior tibial tendon over the posterior malleoli. The treater recommended 3 steroid injections into the left ankle. In this case, ODG does not support steroid injections for the ankle. Therefore, the request IS NOT medically necessary.