

<b>Case Number:</b>	CM15-0184849		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	04/23/2014
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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 57-year-old female who sustained an industrial injury on 04-23-2014. The injured worker was diagnosed with right ankle sprain and strain, ankle internal derangement and tenosynovitis. According to the treating physician's progress report on 08-12-2015 the injured worker continues to experience right ankle pain with shooting pain to the right lower leg and rated at 6-8 out of 10 on the pain scale. There were no objective findings or physical examination documented. On 07-16-2015, the podiatry evaluation documented intermittent right ankle pain rated at an average of 6 out of 10 on the pain scale. Examination noted vibratory, sensory, pulses and deep tendon reflexes were intact. Range of motion was guarded and painful with moderate crepitus. The ankle joint was stiff with mild swelling and unstable. The injured worker was able to walk on the balls of her feet and heels with pain on the right. Anterior drawer test and Talar inversion test were positive noting pain. Motor strength of the ankle, foot and toes were intact. Prior treatments included diagnostic testing with ankle magnetic resonance imaging (MRI) (no date or report documented), physical therapy (24 sessions), foot boot, crutches and medications. Current medications were listed as Flexeril, Voltaren, Prilosec and topical analgesics. The injured worker remains on temporary total disability (TTD) without available work with modifications. Treatment plan consists of right ankle brace, continuing medications and adding Tramadol, urine drug screening and the current request for a right ankle injection. On 09-04-2015, the Utilization Review determined the request for right ankle injection was not medically necessary.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Injection therapy for the right ankle:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot: Injections (corticosteroid).

**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. As per Official Disability Guidelines, intraarticular injections are not recommended. Ankle injection is not medically necessary.