

Case Number:	CM15-0185063		
Date Assigned:	09/25/2015	Date of Injury:	04/11/2014
Decision Date:	11/09/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	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: Texas, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for ankle pain reportedly associated with an industrial injury of April 11, 2014. In a Utilization Review report dated September 2, 2015, the claims administrator failed to approve a request for 6 ultrasound-guided steroid injections to the ankle. The claims administrator referenced an August 17, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On August 17, 2015, the applicant reported 7-8/10 ankle pain complaints status post earlier ankle reconstruction surgery. The applicant exhibited painful ambulation in the clinic. Ultrasound-guided corticosteroid injection therapy was proposed. On an earlier note dated August 13, 2015, the applicant was placed off of work, on total temporary disability, for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided steroid injections x6 to 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): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: No, the request for 6 ultrasound-guided corticosteroid injections to the ankle is not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 376, repeated or frequent injections are deemed "not recommended." Here, the request for 6 consecutive ankle corticosteroid injections, thus, was at odds with the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 376 and also at odds with page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, which stipulates that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, thus, the request, for 6 consecutive ankle corticosteroid injections without a proviso to evaluate the applicant after each injection so as to ensure a favorable response to the same was, thus, at odds with the philosophy espoused on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.