

<b>Case Number:</b>	CM15-0187327		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	08/28/1986
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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: California, Hawaii

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:

The injured worker is a 67 year old female who sustained an industrial injury on 08-28-1986. According to a progress report dated 01-27-2015, the injured worker was seen due to concern about weakness in her left ankle and pain in her fourth toe right foot. She had no swelling or discoloration in either foot. She was point tender at the left ankle mortise and at the fourth MTP (metatarsophalangeal) joint right foot. She did not tolerate non-steroidal anti-inflammatory drugs because she had poorly functioning kidneys that were just borderline kidney failure. She was provided with a corticosteroid injection into the left ankle mortise and into the fourth MTP joint right foot. She did report complete relief of symptoms. Diagnoses included pain in joint ankle and foot unspecified laterality. An authorization request dated 08-06-2015 was submitted for review. The requested services included athletic shoes and green supper feet inserts. On 08-26-2015, Utilization Review non-certified the request for 1 Kenalog (Triamcinolone Acetonide) injection and authorized the request for 1 pair of athletic shoes and 1 pair of inserts and 1 injection aspiration of bilateral inter and small joint bursa.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Kenalog (Triamcinolone Acetonide) injection:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Ankle, Physical methods.

**Decision rationale:** The attending physician report dated 7/27/15 indicates weakness in the left ankle and pain in her 4th toe of her right foot. The current request for consideration is 1 Kenalog (Triamcinolone Acetonide) injection. According to the ACOEM guidelines, ankle chapter page 371, invasive techniques (e.g., needle acupuncture and injection procedures) 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 4-6 weeks of conservative therapy is ineffective. In this case, the attending physician indicates the patient has left ankle pain. The current diagnoses is pain in the ankle joint unspecified. ACOEM guidelines recommend corticosteroid injections in patients with Morton's neuroma or into the affected area in patients with plantar fasciitis. As such, the current records do not establish medical necessity for the Kenalog injection request. The current request is not medically necessary.