

Case Number:	CM15-0189386		
Date Assigned:	10/01/2015	Date of Injury:	01/13/2006
Decision Date:	11/09/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/25/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 37 year old male who sustained an industrial injury on 1-13-06. A review of the medical records indicates he is undergoing treatment for status post arthroscopic debridement of the left ankle with chronic left ankle arthralgia and left foot and ankle instability. Medical records (8-12-15) indicate complaints of "increased" pain in his left foot and ankle, rating "2 out of 10" at rest and "4 out of 10" when walking on uneven surfaces and climbing while at work. The physical exam reveals 1-2+ edema in the left ankle with "moderate" tenderness and decreased range of motion. He has "grade 4" muscular weakness to the evertors of his left ankle. The dorsalis pedis and posterior tibial pulses are "+2 out of 4" and "bilaterally symmetrical". The treating provider indicates that the injured worker walks with "a mild perceptible limp". No diagnostic studies are indicated in the reviewed record. Treatment includes a cortisone injection in the left ankle, and continued home exercise program, use of ice, non-steroidal anti-inflammatory medications, and a hinged brace. The injured worker is "permanent and stationary". The utilization review (8-27-15) indicates a request for authorization for a cortisone injection for the left ankle with a date of service of 8-12-15. The requested treatment is denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Cortisone Injection for the Left Ankle (DOS: 08/12/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, Ankle/Foot, Injections (Corticosteroid).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic), Injections (corticosteroid).

Decision rationale: The claimant sustained a work injury in January 2006 when he rolled his ankle while stepping onto a platform and underwent arthroscopic ankle debridement for lateral impingement. In February 2015 he was being treated for scar tissue and there had been a couple of steroid injections done. When seen, he was having increased left ankle and foot pain with walking and climbing while at work. He had edema and tenderness with decreased subtalar range of motion and weakness. There was a mild limp with gait deviations. He was to continue using a hinged brace and orthotics and continue his home exercise program. A cortisone injection was administered. An intra-articular corticosteroid injection of the ankle or foot is not recommended. 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. The claimant has pain and weakness and review of his home exercise program with consideration of TheraBands and a BAPS board for strengthening and range of motion, if not already being used, could be considered. The request is not medically necessary.