

<b>Case Number:</b>	CM15-0192533		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	03/25/2014
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 49 year old male with a date of injury on 03-25-2015. The injured worker is undergoing treatment for post-concussive syndrome, fracture ankle-closed, cervical sprain-strain and thoracic sprain and strain. A physician progress note dated 07-31-2015 documents the injured worker complains of mid low back pain with no radiation, numbness or tingling. It is intermittent and frequent. He has neck and upper back pain that is intermittent and tight and worsens with activity. It occasionally radiates to her left shoulder with numbness and tingling to his left hand. He has frequent daily headaches. He has right ankle pain that is intermittent, and a burning sensation, and it occasionally radiates to his right hip with a stabbing pain and to the right foot with numbness and tingling. He wears a walking boot and uses a cane. Norco reduces his pain from 9 out of 10 to 5 out of 10, and improves his ADLs and functionality. He is not working, he is temporarily totally disabled. Treatment to date has included diagnostic studies, medications, physical therapy, use of a Transcutaneous Electrical Nerve Stimulation unit, ice and heat and a home exercise program. Current medications include Norco, LidoPro cream, Cyclobenzaprine and Omeprazole. He is awaiting authorization for diagnostic injection with Kenalog to right ankle due to internal osteochondral defect versus possible posterior impingement per ortho surgeon recommendation with original RFA dated 07-02-2015. On 09-08-2015 Utilization Review non-certified the request for right ankle cortisone injection.

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

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

**Right ankle cortisone injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Summary.

**Decision rationale:** According to the guidelines, injections may be used for Mortons neuroma, plantar fasciitis or heel spurs. Repeat injections are not recommended. In this case, the claimant does not have these diagnoses. The injection was more for diagnostic rather than therapeutic purposes. As a result, the request for the ankle injection is not medically necessary.