MAXIMUS Federal Services

Case Number:	CM15-0194663		
Date Assigned:	10/08/2015	Date of Injury:	03/08/2012
Decision Date:	11/16/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/05/2015

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 51 year old male, who sustained an industrial injury on 3-08-2012. The injured worker was diagnosed as having osteoarthrosis, localized, not specified whether primary or secondary, ankle and foot. Treatment to date has included diagnostics, right ankle surgery 3-2015, physical therapy, transcutaneous electrical nerve stimulation unit, and medications. On 9-08-2015, the injured worker complains of right ankle pain, rated 6 out of 10 with medication and 10 without (rated 5 out of 10 with medication and 6 without on 8-04-2015 and 7-02-2015). Medication use included Ibuprofen and Gabapentin. His body mass index was 36.61%. Exam of the right ankle showed tenderness around the medial or lateral malleolus, deltoid ligament, anterior joint line, and subtalar joint. Sensation was intact and there was "no instability" of the peroneal tendons with decreased ankle range of motion. Anterior drawer and talar tilt tests were negative. Magnetic resonance imaging of the right ankle (7-27-2015) noted an impression of status post surgery with diffuse metal artifact obscuring nearly the entire talus (present on the prior), noting that on prior study there were surgical screw tunnels within the calcaneus which were no longer present, previously seen edema within the anterior calcaneal process has resolved, improved mild-moderate tendinosis of the peroneus brevis and mild tendinosis of the longus, new edema associated with the origin of the lateral band of plantar fascia, unchanged 1-2mm non-fractured calcaneal spur, mild subacute superimposed on chronic tendinosis of the posterior tibialis tendon improved since prior at the distal insertion of the tendon, and unchanged mild distal Achilles tendinosis. He was to continue medications and start ankle brace. Work status was not documented. Per the Request for Authorization dated 9-14-2015, the treatment plan included a "right ankle injection", non-certified by Utilization Review on 9-21-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right ankle injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: According to the guidelines, ankle injections are indicated for Morton's neuroma, plantar fasciitis and heel spurs. In this case, the claimant has ankle arthrosis. Injections for this purpose do not have lasting effects. The ankle injections are not supported for the claimant's diagnoses within the guidelines and are not medically necessary.