

<b>Case Number:</b>	CM15-0198848		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	01/27/2013
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 injured worker is a 72 year old female, who sustained an industrial injury on 1-27-13. The injured worker is diagnosed with foot-ankle arthropathy and closed ankle fracture. Her work-disability status was not addressed. Notes dated 4-1-15 - 7-1-15 reveals the injured worker presented with complaints of right foot pain with morning rising being the worst. She experiences intermittent pain throughout the day described as dull and aching with associated stiffness and is rated at 3-6 out of 10. Her pain is increased with weight bearing and ambulation. Physical examinations dated 4-1-15 - 7-1-15 revealed an altered gait, pain with palpation at the anterior right ankle, "motor 3-5 fixed valgus", sensation intact to light touch, no instability noted and decreased range of motion. Treatment to date has included right ankle ORIF (open reduction internal fixation) (2013), cortisone injection (4-1-15) and medication, which alleviates her pain per note dated 4-1-15. A request for authorization dated 10-1-15 for intra-articular cortisone injection 1 every 3 months is non-certified, per Utilization Review letter dated 10-8-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Intra-articular injection, Cortisone, 1 time every 3 months: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Initial Care.

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, intra-articular injection cortisone one every three months is not medically necessary. Injections (corticosteroids) for tendinitis or Morton's neuroma are not recommended. Injections are not recommended for intra-articular steroids. They are under study for heel pain. In this case, the injured worker's working diagnoses are arthropathy foot/ankle; and ankle fracture closed. Date of injury is July 27, 2013. Request for authorization is October 1, 2015. According to the sole progress note dated July 1, 2015, the injured worker received a cortisone injection to the ankle. The worker status post closed ankle fracture. The documentation also indicates an open reduction internal fixation of the right ankle January 28, 2013. The injured worker received a prior cortisone injection (1 mL lidocaine with Kenalog) April 1, 2015. There is no documentation demonstrating objective functional improvement with this injection. Objectively, there is tenderness to palpation at the anterior ankle. There is no instability. The guidelines do not recommend intra-articular steroids. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and guideline non-recommendations for intra-articular injections for steroids at the ankle, intra-articular injection cortisone one every three months is not medically necessary.