

<b>Case Number:</b>	CM15-0202567		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	04/08/2013
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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 45 year old male, who sustained an industrial injury on 4-8-13. The injured worker was being treated for right ankle pain, limited range of motion of right ankle and right ankle inflammation. On 8-20-15, the injured worker complains of moderate to severe right ankle pain associated with limited range of motion; he rates the pain 8 out of 10 and notes it radiates to right leg proximally. It is noted the pain has gradually progressed over time. He is not able to sleep well at night. Physical exam performed on 8-20-15 revealed moderate to severe pain in right ankle associated with prolonged walking, climbing stairs and consistent with increased signs of inflammation and painful range of motion. Treatment to date has included internal fixation of right foot, physical therapy, home exercise program, acupuncture and activity modifications. On 9-9-15 request for authorization was submitted for first right ankle intra- articular injection under fluoroscopy guidance. On 9-16-15 request for first right ankle intra- articular injection under fluoroscopy guidance was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right ankle Intra-articular injection under fluoroscopy guidance:** 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 based on Non-MTUS Citation Arthroscopy. 2015 Sep 25. pii: S0749- 8063 (15) 00656-8. doi: 10.1016/j.arthro.2015.07.029. [Epub ahead of print] Risk of Infection After Intra-articular Steroid Injection at the Time of Ankle Arthroscopy in a Medicare Population. Werner BC1, Cancienne JM2, Burrus MT2, Park JS2, Perumal V2, Cooper MT2.

**Decision rationale:** According to the guidelines, injections are recommended for neuroma, plantar fasciitis and heel spurs. Invasive injections in other areas are not recommended due to lack of proven benefit. According to the referenced article, there is also an increased risk of infection. The request for ankle injection is not medically necessary.