

Case Number:	CM15-0204174		
Date Assigned:	10/21/2015	Date of Injury:	01/14/2014
Decision Date:	12/02/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/16/2015

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:

This 67 year old female sustained an industrial injury on 1-14-14. Documentation indicated that the injured worker was receiving treatment for a left ankle sprain with history of fracture and plantar fasciitis. Previous treatment included physical therapy, acupuncture, injections and medications. Documentation did not disclose the dates of previous injections or the injured worker's response to the injections. Electromyography and nerve conduction velocity test of the left lower extremity (5-11-15) was normal. In a PR-2 dated 8-19-15, the injured worker complained of left ankle pain rated 3 to 6 out of 10 on the visual analog scale that increased with weight bearing. The injured worker reported that wearing [REDACTED] shoes helped. Physical exam was remarkable for tenderness to palpation to the left ankle lateral malleolus. The remaining documentation was difficult to decipher. The treatment plan included six sessions of acupuncture and Ibuprofen. In a PR-2 dated 9-16-15, documentation was difficult to decipher. The injured worker reported that she couldn't wear shoes. Physical exam was remarkable for tenderness to palpation between the 3rd and 4th toes and 4th and 5th toes. The treatment plan included requesting an intra-articular injection of corticosteroid to the left ankle, orthotics for plantar fasciitis and Motrin for pain. On 9-23-15, Utilization Review noncertified a request for repeat intra-articular injection of corticosteroid to left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat intraarticular injection of corticosteroid to the left ankle: 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), Ankle & Foot, Injections (corticosteroid).

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

Decision rationale: According to the guidelines injections are recommended for Neuroma, plantar fasciitis and heel spurs. In this case, the claimant had plantar fasciitis and Morton's Neuroma. Prior injection locations and response to intervention is unknown. In addition, the injection of the ankle would not be for such diagnoses. The request for the ankle injection is not justified or supported by the guidelines and is not medically necessary.