

Case Number:	CM15-0222920		
Date Assigned:	11/18/2015	Date of Injury:	04/21/1998
Decision Date:	12/31/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/12/2015

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: Texas, 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 is a 55 year old female patient, who sustained an industrial injury on 4-21-1998. The diagnosis includes sacroiliitis. Per the doctor's note dated 11/2/15, she had no relief with injections to the bilateral carpal tunnels. She has had multiple ankle injections. Ankle exam revealed tender and painful, palpable crepitus and effusion, 10 degrees of flexion and extension with pain. The patient was advised ankle fusion. Per the doctor's note dated 10-08-2015, she had complains of reduced deep-seated pain. She reported moving about better and made excellent progress. Her motor tone and sensation were intact. She also complained of bilateral carpal tunnel syndrome and ongoing difficulty about the right ankle. It was felt to work with simple conservative care and request injections to the bilateral carpal tunnels. She had a tender and painful keloid and abnormalities about the ankle joint itself. She was tender and painful, with decreased range of motion. The current medications list is not specified in the records provided. She had an EMG upper extremity on 9/18/15. Treatment to date has included diagnostics, multiple surgeries to the bilateral knees and ankles, right sacroiliac joint fusion in 6-2015, physical therapy, injections and medications. The treatment plan included "simple injection to the ankle" at the same time of injections to the right and left carpal tunnels. On 10-27-2015 Utilization Review non-certified a request for one injection of Marcaine and Depo Medrol (1 unit).

IMR ISSUES, DECISIONS AND RATIONALES

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

One injection of Marcaine and Depo Medrol (1 unit): Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), injections (corticosteroid): Ankle & Foot (Acute & chronic) (2015).

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

Decision rationale: This is a request for one injection of Marcaine and Depo Medrol. The specific part of the body to be injected was not clearly specified. The treatment plan included "simple injection to the ankle," therefore the medical necessity of injection to the ankle will be reviewed. Per the cited guidelines "Invasive techniques (e.g., needle acupuncture and injection procedures) have no proven value, with the exception of corticosteroid injection into the affected web space in patients with Morton's neuroma or into the affected area in patients with plantar fasciitis or heel spur if four to six weeks of conservative therapy is ineffective." Per the records provided the patient has had multiple injections to the ankle in the past. The response to this previous injection in terms of decreased pain and functional improvement and decreased need for medications is not specified in the records provided. Evidence of plantar fasciitis or Morton's neuroma is not specified in the records provided. One injection of Marcaine and Depo Medrol (1 unit) is not medically necessary for this patient.