

Case Number:	CM15-0034681		
Date Assigned:	03/03/2015	Date of Injury:	02/05/2006
Decision Date:	04/15/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/24/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 58-year-old female, who sustained an industrial injury on February 5, 2006. The injured worker was diagnosed as having posterior tibial tendinitis and myositis. Treatment to date has included a home exercise program, stretches, orthotics, hot compresses, pain and non-steroidal anti-inflammatory medications, muscle relaxant medication, and use of a cane for ambulation. On December 10, 2014, the injured worker complains of continued pain on the insides ankles and outsides of the bilateral ankles. A prior injection helped the pain a lot. Her medications help to decrease the pain. The physical exam revealed intact sensation of the plantar feet, left greater than right; decreased Achilles' and plantar reflexes, hammer toes of the left 2nd-5th toes, a mild left bunion, and tenderness to palpation of the left posterior tibial muscle, posterior tendon, and sinus tarsi. The treatment plan includes a left ankle steroid/local anesthetic injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1/2cc Depomedrol, 1/2cc Lidocaine, 1/2cc Marcaine for left ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ankle and Foot, Steroid Injections.

Decision rationale: The official disability guidelines indicate that steroid injections for the ankle are not recommended for intra-articular use, Morton's neuroma, or Achilles tendinitis. It is also under study for plantar fasciitis due to lack of evidence of long-term pain relief. As this request is for steroid injection for the left ankle is not specified specifically what portion of the ankle or structure is to be injected. Considering the guideline recommendations as well as lack of required information, this request for a Depo-Medrol/lidocaine/MARCAINE injection for the left ankle is not medically necessary.