

<b>Case Number:</b>	CM15-0040778		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	03/21/2007
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 45-year-old female who sustained an industrial injury on 03/21/2007. Current diagnoses include right foot sprain, lateral right ankle sprain, and tenosynovitis. Previous treatments included medication management, lumbar epidural steroid injection, home exercise program, ice, custom orthotics, and weight loss program. Report dated 02/02/2015 noted that the injured worker presented with complaints that included right foot and ankle pain and swelling, and dispensing of custom orthotics. Physical examination was positive for abnormal findings. The treatment plan included dispensing of custom orthotics, recommendation of extra depth shoes to accommodate her custom brace, and recommendation of a series of cortisone injections into the medial ankle to decrease swelling along the tendon and reduce her numbness and tingling sensations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Series of 3 cortisone injections to the right foot and right medial ankle 2 weeks apart:**  
 Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain, Steroid Injections, Foot & Ankle, Injections and Heel, Injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

**Decision rationale:** According to MTUS guidelines, ankle and foot injection could be recommended in case of "patients with point tenderness in the area of a heel spur, plantar fasciitis, or Morton's neuroma, local injection of lidocaine and cortisone solution." However there no strong evidence supporting these indications. The patient developed right ankle pain and there is no evidence that the patient suffered from one of the conditions mentioned above. Therefore, the request is not medically.