

Case Number:	CM15-0041618		
Date Assigned:	03/11/2015	Date of Injury:	10/15/2009
Decision Date:	04/15/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/05/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 52 year old male, who sustained an industrial injury on 10/15/2009. He reported a right foot injury and was diagnosed with a closed calcaneus fracture. The injured worker is currently diagnosed as having lumbar spine degenerative disc narrowing with radiculopathy and status post right calcaneus fracture with open reduction and internal fixation. Treatment to date has included surgery, physical therapy, chiropractic treatment, heel injection, lumbar injection, and medications. A progress report dated August 22, 2014 recommends a sub tower injection as well as podiatry and orthopedic consultation. In a progress note dated 01/23/2015, the injured worker presented with complaints of lumbar spine pain with radiculopathy to right lower extremity and right ankle foot pain. The treating physician reported requesting a right ankle subtalar joint cortisone injection, pending podiatry consult, and updated x-rays.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right ankle injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter, Steroids (injection); Injections (corticosteroid).

Decision rationale: Regarding the request for Right ankle injection, CA-MTUS does not specifically address the topic, ODG does not recommend intra-articular cortisone steroid injections for the foot or ankle. Most evidence for the efficacy of intra-articular corticosteroids is confined to the knee, with few studies considering the joints of the foot and ankle. Guidelines go on to state, no independent clinical factors were identified that could predict a better post injection response. Guidelines also state, cortisone injections in the area of the Achilles tendon are controversial because cortisone injected around the tendon is harmful and can lead to Achilles tendon ruptures. Within the documentation available for review, it appears the patient has pain upon subtalar motion. However, the requesting physician has stated that the patient has a pending podiatry consult and is requesting updated x-rays. It seems reasonable to await the outcome of those prior to proceeding with additional interventional treatment. As such, the currently requested Right ankle injection is not recommended.