

Case Number:	CM15-0059290		
Date Assigned:	04/03/2015	Date of Injury:	02/12/2014
Decision Date:	05/11/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/30/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 57-year-old male who sustained an industrial injury on 2/12/2014. His diagnoses, and/or impressions, include right distal tibiofibular ankle sprain; pain in the ankle/foot joint; osteochondral lesion talus; and antero-lateral talo/fibular ligament tear, split/tear P Brevis. A recent magnetic resonance imaging study of the right ankle was noted to have been done on 2/4/2015. His treatments have included physical therapy and work restrictions. The progress notes of 2/16/2015 are hand written and mostly illegible. Noted are the results of the recent magnetic resonance imaging study of the right ankle, as well as tenderness and pain in the right ankle. The physician's requests for treatments included cortisone injection to the right ankle, under ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone Injection under Ultrasound Guidance, Right Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition, Chapter: Ankle & Foot (Acute & Chronic); Pain (Chronic), Injections (corticosteroid).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Lower Extremity, Injection.

Decision rationale: The medical records provided for review document the presence of at least 3 positive physical examination findings supportive of ankle joint dysfunction and does document the failure of at least 4-6 weeks of conservative treatment including PT or home exercises. ODG supports joint injection with: 1. The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above). 2. Diagnostic evaluation must first address any other possible pain generators. 3. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. As such, the medical records provided for review do support medical treatment of ankle steroid injection.