

Case Number:	CM15-0059950		
Date Assigned:	04/06/2015	Date of Injury:	04/08/2013
Decision Date:	05/06/2015	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: New Jersey

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:

The injured worker is a 32 year old male, who sustained an industrial injury on 4/8/2013. The mechanism of injury was not provided for review. The injured worker was diagnosed as having an ankle sprain with ankle pain. Right ankle magnetic resonance imaging showed numerous partial ligament tears. Treatment to date has included steroid injections, physical therapy and medication management. In a progress note dated 2/13/2015, the injured worker noted improved pain with physical therapy but continues with pain in the front of the right ankle. The treating physician is requesting a right ankle intra-articular steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right ankle intra-articular steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376-377, 371. Decision based on Non-MTUS Citation Official Disability Guidelines Ankle and Foot Chapter, injections (corticosteroid).

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

Decision rationale: The MTUS Guidelines do not sufficiently address steroid injection of the foot or ankle. The ODG, however, states that they are under study currently. There is little information available from trials to support the use of peritendinous steroid injection in the treatment of acute or chronic Achilles tendinitis. 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. No independent clinical factors were identified that could predict a better postinjection response. Steroid injections are not recommended for tendonitis or Morton's Neuroma, and intra-articular corticosteroids are not recommended. In the case of this worker, documentation reported minimal relief from previous ankle joint steroid injections, which were also limited in their duration of effect. The request for a repeat right ankle intra-articular steroid injection is not medically necessary due to general non-recommendation status by the Guidelines and due to minimal effectiveness of previous use in this case.