

<b>Case Number:</b>	CM15-0088698		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	09/22/1998
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: Massachusetts

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 66 year old male, who sustained an industrial injury on 9/22/1998. The details regarding the initial injury were not submitted for this review. Diagnoses include arthritis of the ankle. Treatments to date include Celebrex, Vicodin, and cortisone injections to the left ankle. Currently, he complained of left ankle pain. A previous cortisone injection to the ankle provided on 10/23/14, was reported to provide months of pain relief. On 3/12/15, the physical examination documented adequate range of motion and no tenderness with range of motion. The plan of care included a request for authorization for a future cortisone injection into the left ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One cortisone injection of the left ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines Ankle & Foot (Acute & 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 (ODG) Ankle & Foot (Acute & Chronic), Injections (corticosteroid).

**Decision rationale:** The claimant has a remote history of a work injury occurring in September 1998 and continues to be treated for left ankle pain. He underwent an ankle injection in October 2014. When seen, he was doing well. Injections were effective for a few months at a time. Physical examination findings included an absence of tenderness with movement. In terms of ankle injections, an intra-articular corticosteroid injection is not recommended. 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. Additionally, when seen the claimant was not having symptoms and there were no physical examination findings that would indicate the need for anything other than continued conservative management. Therefore, the request is not medically necessary.