

<b>Case Number:</b>	CM14-0114236		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	07/17/2013
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 35-year-old male who reported an injury on 07/17/2013. The injury reportedly occurred when he slipped on some wet rocks when walking on a slope and twisted his right ankle. He was diagnosed with a right ankle sprain/strain. An MRI of the right ankle on 01/07/2014 revealed evidence of partial thickness tearing of the anterior and posterior tibiofibular ligaments. His past treatments were noted to include physical therapy, home exercises, work restrictions, use of an ankle brace, NSAIDs, and pain medications. On 06/06/2014, the injured worker presented with complaints of right ankle pain. His physical examination revealed tenderness to palpation over the fibulocalcaneal tibialis posterior ligaments of the right ankle, a negative anterior drawer sign, and pain with dorsiflexion and inversion. His medications were noted to include Ultram. The treatment plan included continued work restrictions, a right ankle intra-articular injection, and continued use of a brace. A request was received for a right ankle intra-articular injection. The rationale for the injection was that the injured worker had failed time, medications, and physical therapy, and that he had abnormal findings on MRI. The Request for Authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right ankle intraarticular injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot  
Complaints Page(s): 369-371.

**Decision rationale:** According to to the California MTUS/ACOEM Guidelines, invasive techniques and injection procedures have no proven value for ankle and foot conditions, with the exception of corticosteroid injections into the affected web space in patients with Morton's neuroma or for patients with plantar fasciitis or a heel spur. The clinical information submitted for review indicated that the injured worker has a right ankle sprain/strain with partial tearing of the anterior and posterior tibiofibular ligaments. However, he was not shown to have an indication for corticosteroid injection according to to the guidelines. Therefore, despite failed conservative care, the request is not supported. As such, the request is not medically necessary.