

Case Number:	CM14-0141230		
Date Assigned:	09/10/2014	Date of Injury:	03/21/2012
Decision Date:	10/31/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/02/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 43-year-old female with a date of injury of 03/21/2012. The listed diagnoses are tarsal tunnel syndrome, left osteochondral injury of the medial ankle, tibial plafond injury; ankle sprain; post tibial tendinosis; pain lateral ankle; and continued pain and edema of the left ankle and neuritis. According to progress report, 06/05/2014, the patient presents with continued left ankle pain. Examination revealed dorsalis pedis and posterior tibial pulses are palpated bilaterally. Percussion and deep palpation of the porta pedis is positive for Tinel's sign on the left. There is mild edema noted, but no evidence of infection. There is moderate pain upon palpation of the left ankle. An injection was administered "into the tarsal tunnel and course of the post tibial tendon in the medial ankle," a total of 3 mL 0.25% plain Marcaine, 1.5 mL Dex-Phos, and 0.5 mL Kenalog-40. This is a request for left ankle/foot injection therapy x 3 and a cam walker boot. Utilization Review denied the request on 08/08/2014. Progress reports from 01/29/2014 through 7/15/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left ankle/foot injection therapy times 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 367-377.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines under its ankle/foot chapter regarding Injections (corticosteroid)

Decision rationale: This patient presents with continued left ankle pain. The treater is requesting left ankle/foot injection therapy x 3. On 6/5/14 the patient received an injection into the ankle. Report 07/15/2014 states "the injection did not help at all. The patient reported the area turned red and it felt like it was "on fire." Utilization Review denied the request stating that there is no evidence that guideline criteria have not been met and there is no evidence of plantar fasciitis. The Official Disability Guidelines (ODG) states under its ankle/foot chapter, has the following regarding Injections (corticosteroid), "Not recommended for tendonitis or Morton's Neuroma, and not recommend intra-articular corticosteroids, under study for heel pain." In this case, corticosteroid injections about the ankle, foot or heel area is not supported. Furthermore, the treater is requesting 3 injections and the first injection produced side effects and it was noted it "did not help at all." Therefore, this request is not medically necessary.

CAM (controlled ankle motion) walker: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cast (immobilization)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Guidelines cam walker, Under the foot/ankle Chapter

Decision rationale: This patient presents with continued left ankle pain. The treater is requesting a cam walker boot. The ACOEM, MTUS and Official Disability Guidelines (ODG) do not specifically discuss cam walker boots. ODG does state, "A cam walker is a brand name for what is basically a removable cast." Under the foot/ankle chapter, ODG has the following regarding Cast (immobilization), "Not recommended in the absence of a clearly unstable joint. Functional treatment appears to be the favorable strategy for treating acute ankle sprains when compared with immobilization." In this case, this patient has tenderness and tendonitis over the left ankle and ODG does not recommend casting unless there is a "clearly unstable joint." Therefore, this request is not medically necessary.