

<b>Case Number:</b>	CM14-0142636		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	12/10/2013
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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 Podiatric Surgery and is licensed to practice in New York. 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:

This is a 67 year old female with an industrial injury involving right foot on 12/10/2013. The injured worker had a medical history of hypertension. Current diagnoses include: Status post twisting injury, right ankle; Status post right talar fracture and right fibular fracture secondary to #1; Post traumatic arthrofibrosis (scarring) lateral ankle, causing restriction in motion and chronic arthralgia; Contusion, right hip; Contusion, strain/sprain, lumbar spine. Provider notes dated 02/04/2014 documents the injury defined by CT scan as an avulsion fracture in the head of the talus and small distal fibular avulsion fracture. At the time of the visit she was wearing a Cam walker boot and weight bearing. She was released to sedentary work. Follow up visit on 03/27/2014 exam noted no instability and excellent motion with a slightly slow gait. The injured worker was using a lace up ankle brace and noted very little pain. On June 28, 2014 exam noted two plus swelling to right ankle with moderate tenderness. The injured worker walked with a perceptible limp with stride being shortened on the right side. No ambulatory aids were being used. The provider requested authorization for three cortisone injections to right ankle to reduce scarring, increase range of motion and reduce pain. On 07/31/2014 weight bearing x-rays of the right ankle were done showing no evidence of prior lateral ankle sprain, no acute bony or joint abnormality and healing fracture of the dorsal aspect of the talar neck. Other medical treatments included ibuprofen and pain medication. Utilization review issued on 08/19/2014 non-certified the request for three cortisone injections to the right ankle citing the following: "Cortisone injections are not recommended to the ankle and foot joints intra-articularly." Guidelines cited were Official Disability Guidelines (ODG) - Treatment in Workers Compensation- Online Version - Ankle & Foot (Acute and Chronic) - Injections Corticosteroid. The request for three cortisone injections to the right ankle was appealed to Independent Medical Review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **3 Cortisone Injections, Right Ankle: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371, 376. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): ankle and foot, cortisone injections

**Decision rationale:** Chapter 14 of the MTUS guidelines state that Invasive techniques (e.g., needle acupuncture and injection procedures) have no proven value, with the exception of corticosteroid injection into the affected web space in patients with Morton's neuroma or into the affected area in patients with plantar fasciitis or heel spur if four to six weeks of conservative therapy is ineffective. This patient does not have a diagnosis of plantar fasciitis or Morton's neuroma and therefore, an ankle cortisone injection cannot be recommended. Furthermore, table 14 - 6 advises that for patients with point tenderness in the area of a heel spur, plantar fasciitis, or Morton's neuroma, a local injection of lidocaine and cortisone solution is recommended. In this particular case, the injection is being recommended to the patient's ankle joint, not either of the above mentioned anatomical areas. Furthermore, the ODG guidelines state that most of the evidence for efficacy of intra-articular corticosteroid injections is limited 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 post injection response. Evidence for corticosteroid injections to joints in the foot is limited. Therefore, the 3 ankle joint injections cannot be recommended. The request is not medically necessary.