

<b>Case Number:</b>	CM14-0161428		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	08/25/2004
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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:

According to the submitted information, the original date of injury for this patient was 8/25/2004. In 2012, the patient underwent a left foot talonavicular arthrodesis. On 4/17/2014 patient underwent an MRI of the left ankle to evaluate her painful left ankle. The impression is noted to be artifact hardware in the talus, osteoarthritis at the calcaneal cuboid, talonavicular, and talar tarsal articulation, possible partial tear of the anterior and posterior talofibular ligaments, possible cervical ligament tear, and atrophy in the muscles of the leg. On 6/25/2014 patient presents to her physician with continued left ankle pain. She points to an area to the lateral aspect of the subtalar joint as the area of pain. Pain is noted to be elsewhere in the lateral foot and ankle, and rated at 8/10. Physical exam reveals ankle joint range of motion is tender. Subtalar joint range of motion is painful and restricted. Increased tenderness is noted to the calcaneal cuboid joint. Hardware is prominent. Gait is moderately antalgic. During this visit the physician recommended multiple joint fusions to this patient's left foot. He states that further chiropractic, physical therapy, an injection therapy would most probably not reduce patient's pain. On 8/19/2014 the sinus tarsi was injected with cortical steroid.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO: Injection to the left sinus tarsi/subtalar joint performed 8/19/14: 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 and foot Chapter; regarding Injections (corticosteroid)

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

**Decision rationale:** After careful review of the submitted information and the pertinent MTUS and ODG guidelines for this case, it is determined that the retrospective request for injection to left sinus tarsi/subtalar joint, performed on 8/19/2014, was not medically reasonable or necessary according to the guidelines for this patient. The MTUS guidelines state that invasive procedures such as needle acupuncture and injection procedures have no proven value, with the exception of corticosteroid injections for Morton's neuroma and plantar fasciitis. This patient does not have either of those diagnoses, and does not qualify for the injection. The ODG ankle and foot chapter states that intra-articular corticosteroid injections are not recommended.