

Case Number:	CM14-0162033		
Date Assigned:	10/07/2014	Date of Injury:	03/28/2014
Decision Date:	11/07/2014	UR Denial Date:	09/13/2014
Priority:	Standard	Application Received:	10/02/2014

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 Preventive Medicine 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:

According to the records made available for review, this is a 54-year-old female with a 3/28/14 date of injury. At the time (8/19/14) of the request for authorization for Lidocaine 3cc injection for right ankle, there is documentation of subjective (right ankle pain, difficulty walking and has had to start using a cane to walk) and objective (positive tenderness over the Achilles tendon, positive tenderness laterally, positive pain with plantar flexion and inversion) findings, current diagnoses (right ankle sprain, right ankle Achilles tendinitis, and impingement syndrome right ankle), and treatment to date (medication). Medical reports identify right ankle injection of 3cc of Lidocaine and 1CC of Kenalog is indicated. There is no documentation of Morton's neuroma, plantar fasciitis, or heel spur despite failure of four to six weeks of conservative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 3cc injection for 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 (ODG) Foot/Ankle Injections (Corticosteroid).

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

Decision rationale: MTUS reference to ACOEM identifies documentation of Morton's neuroma, plantar fasciitis, or heel spur despite failure of four to six weeks of conservative therapy, as criteria necessary to support the medical necessity of corticosteroid and anesthetic injection to the foot/ankle. Within the medical information available for review, there is documentation of diagnoses of right ankle sprain, right ankle Achilles tendinitis, and impingement syndrome right ankle. However, there is no documentation of Morton's neuroma, plantar fasciitis, or heel spur despite failure of four to six weeks of conservative therapy. Therefore, based on guidelines and a review of the evidence, the request for Lidocaine 3cc injection for right ankle is not medically necessary.