

Case Number:	CM14-0098953		
Date Assigned:	07/28/2014	Date of Injury:	11/08/2012
Decision Date:	09/18/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/27/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 44 year old female with date of injury 11/8/2012. The mechanism of injury is stated as tripping and falling on her left side. The patient has complained of chronic left ankle pain since the date of injury. She has been treated with left ankle surgery (specifics not given in available medical records), medications, physical therapy, acupuncture and chiropractic therapy. There are no radiographic reports included for review. Objective: antalgic gait, decreased and painful range of motion of the left ankle, tenderness to palpation at the left anterior tibiofibular and calcaneofibular ligaments as well as the left peroneal tendon tenderness to palpation. Diagnoses: chronic ankle sprain, anterior ankle synovitis with impingement. Treatment plan and request: left ankle intraarticular injection, chiropractic rehabilitation therapy 2x/week for 4 weeks of the left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left ankle intraarticular injection for diagnostic & therapeutic purposes: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation ODG Foot and Ankle.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Foot and ankle complaints Page(s): 376-377.

Decision rationale: This 44 year old female has complained of chronic left ankle pain since date of injury 11/8/2012. She has been treated with left ankle surgery (specifics not stated in available medical records), medications, physical therapy, acupuncture and chiropractic therapy. The current request is for left ankle intrarticular injection. Per the MTUS guidelines cited above, invasive techniques such as intra-articular injections have no proven value in the treatment of foot and ankle complaints with the exception of treatment of the following diagnoses: Morton's neuroma, plantar fasciitis and heel spur. There is no documentation in the available medical records of any such diagnoses. On the basis of the MTUS guidelines cited above, intra-articular injection of the left ankle is not indicated as medically necessary.

Chiropractic rehabilitative therapy 2x/wk x 4 weeks-left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Foot and ankle complaints Page(s): 376-377.

Decision rationale: This 44 year old female has complained of chronic left ankle pain since date of injury 11/8/2012. She has been treated with left ankle surgery (specifics not stated in available medical records), medications, physical therapy, acupuncture and chiropractic therapy. The current request is for chiropractic rehabilitation therapy of the left ankle. Per the MTUS guidelines cited above, chiropractic rehabilitation therapy is not recommended in the treatment of foot and ankle complaints and is therefore not indicated as medically necessary.