

Case Number:	CM14-0179277		
Date Assigned:	11/03/2014	Date of Injury:	04/16/2012
Decision Date:	06/23/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	10/28/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, Occupational Medicine

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 injured worker is a 60-year-old female, who sustained an industrial injury on 04/16/2012. The initial complaints or symptoms included upper extremity pain/injury due to cumulative trauma. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, conservative therapies, and injections. Per the progress report dated 09/25/2014, the injured worker presented for a follow-up from her previous wrist injection. Improvement was noted; however, there were no details regarding pain severity ratings or what specific improvements were gained. The diagnoses include radial styloid tenosynovitis, tendinitis, de Quervain's, and chronic ankle foot sprain. The request for authorization included cortisone injection with fluoroscopy and ultrasound guidance to the right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone Injection with Fluoroscopy and Ultrasound Right Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and 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) and Other Medical Treatment Guidelines There are no applicable guidelines.

Decision rationale: The guidelines recommend injections for Morton's neuroma and plantar fasciitis and the treating physician has not provided the necessary clinical basis for these diagnoses and has not discussed the treatment of these conditions. The physical examination does not describe whether the swelling is anterior, lateral or medial. Since the location of the injection is not provided, it is not possible to apply the ACOEM ankle guidelines for the injection. Furthermore, there are no applicable guidelines for the use of fluoroscopy or ultrasound for ankle injections. There area of localization is not provided so it is not possible to determine if either ultrasound or fluoroscopic guidance is needed to administer an injection. Anatomic landmarks may be sufficient to administer the injection without visualization of needle placement with ultrasound or fluoroscopy. This request for an ankle injection of an undetermined location is not medically necessary and the method of anatomic localization using fluoroscopy and/or ultrasound is also not medically necessary for the same reason.