MAXIMUS Federal Services

Case Number:	CM14-0210305		
Date Assigned:	12/23/2014	Date of Injury:	06/28/2013
Decision Date:	02/27/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/15/2014

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, Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

This is a 23 y/o Male who had industrial injury on 6/28/13 related to a being hit with a forklift. He had obtained MRI scans, MR arthrogram, EMG of the lower extremities showing a right peroneal neuropathy, physical therapy, Surgery on or before 8/30/2013 repairing the achilles tendon, and medications. MR Arthrogram on 10/22/2014 showed imbibement of anterior tibiotalar ligament suggestive of a partial tear and a osteochondral cyst arising from the posterior calcaneus measuring 6.5mm. Examination on 10/23/14 revealed tenderness over the achilles tendon attachment to the calcaneus, tenderness over the tarsal tunnel area, tenderness over the medial and lateral malleolus, and positive tinel's. A diagnosis was given of transected saphenous/posterior tibial, nerve/tarsal tunnel syndrome, profound myoligamentous weakness, reflex sympathetic dystrophy, and complex laceration of the right calf-triceps surae. A plan at that time was for an ultrasound guided injection of the ankle and if that fails to provide any significant relief then arthroscopic surgery, an EMG/NCV, Physical Therapy, and refill medication. Examination on 12/4/14 revealed tenderness over the achilles tendon attachment to the calcaneus, tenderness over the tarsal tunnel area, tenderness over the medial and lateral malleolus, and positive tinel's. A diagnosis was given of transected saphenous/posterior tibial, nerve/tarsal tunnel syndrome, profound myoligamentous weakness, reflex sympathetic dystrophy, complex laceration of the right calf-triceps surae and mechanical low back pain. A plan was still for an injection under ultrasound and a right hand cane. On 11/12/14 a non certification recommendation was made for a request of a right ankle joint injection under

ultrasound. The rationale for the denial request was due to guidelines not recommending intra-articular steroid injections and no documentation of failure of conservative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

U/S Guided Corticosteroid Injection Right Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter, Steroids (injection); Injections (corticosteroid).

Decision rationale: Regarding the request for cortisone steroid injections for the right ankle, CA-MTUS does not specifically address the topic, ODG does not recommend intra-articular cortisone steroid injections for the foot or ankle. Most evidence for the efficacy of intra-articular corticosteroids is confined to the knee, with few studies considering the joints of the foot and ankle. Guidelines go on to state, no independent clinical factors were identified that could predict a better postinjection response. Guidelines also state, cortisone injections in the area of the Achilles tendon are controversial because cortisone injected around the tendon is harmful and can lead to Achilles tendon ruptures. Within the documentation available for review, the patient has tenderness of the right achilles tendon and has a diagnosis of reflex sympathetic dystrophy of the right lower extremity. In addition, injections over areas that have reflex sympathetic dystrophy are generally not recommended. As such, the currently requested cortisone steroid injections for the right ankle is not recommended.