

Case Number:	CM14-0218275		
Date Assigned:	01/07/2015	Date of Injury:	12/10/2011
Decision Date:	03/04/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/30/2014

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 41 year old male with a date of injury as 12/10/2011. The cause of the injury was not included in the documentation received. The current diagnoses include right ankle joint derangement. Previous treatments include medications, prior right ankle surgery on 02/18/2014, ankle brace, and home exercise program. Primary treating physician's reports dated 09/04/2014 and 10/16/2014 were included in the documentation submitted for review. Report dated 10/16/2014 noted that the injured worker presented with complaints that included increasing pain in the right ankle joint. Physical examination revealed palpable pain over the anterolateral and the anteromedial aspects of the right ankle joint. The physician noted good stability and no evidence of loosening. The physician felt that the increasing pain was most likely due to increasing his activities significantly and being on his feet all day. The physician felt that the injured worker was suffering with synovitis and inflammation of the scar tissue, secondary to returning to full duty. Treatment plan consisted of a request for corticosteroid injection in the right ankle. The injured worker is currently working full duty. The utilization review performed on 12/16/2014 non-certified a prescription for right ankle cortisone injection, strapping based on lack of supporting clinical evidence and office visit based on no provider rationale. The reviewer referenced the California MTUS/ACOEM and Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Ankle Cortisone Injection: Upheld

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

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

Decision rationale: According to the guidelines, steroid injection are recommended for Morton's neuroma, plantar fasciitis or heel spurs. In this case, the claimant did not have the above diagnoses. There was only palpable ankle tenderness with no instability or loosening. There was no mention of edema. The request for a steroid injection is not medically necessary.

Strapping: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

Decision rationale: According to the guidelines, immobilization is recommended for acute injuries. Prolonged use of strapping or splinting is not recommended without exercise. Although the claimant was increasing activity, there was no indication for the length of use for strapping. There were no new injuries. The request for strapping is not medically necessary.

Office Visit: 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 Pain guidelines and office visits.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, required close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In this case, the need for office visits and the number of sessions required with intended benefit or need for future intervention is not specified. The request therefore is not medically necessary.

