

Case Number:	CM15-0007483		
Date Assigned:	01/26/2015	Date of Injury:	02/20/2014
Decision Date:	03/26/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/13/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46 year old female sustained an industrial injury on 2/20/14. She subsequently report chronic right ankle pain. Diagnoses include thoracic strain, sprains/ strains of the foot. The UR decision dated 1/7/15 non-certified the Injection X 1, Right, Guidance for Needle Placement X 1, for the Right Knee. The Injection X 1, Right, Guidance for Needle Placement X 1, for the Right Knee was denied based on CA MTUS ACOEM Ankle and Foot Complaints and ODG Treatment Integrated Treatment/ Disability Duration Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection x 1, right, guidance for needle placement x1, for the right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Injections (corticosteroid) - Ankle and Foot Chapter

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

Decision rationale: ACOEM Guidelines, Chapter 14, Ankle, page 371 states that invasive techniques including injections have no proven value except for corticosteroid injection into the webspace in patients with Morton's neuroma or for treatment of plantar fasciitis, or heel spurs. The treatment guidelines do not support an indication for an ankle injection and the medical records do not provide an alternate rationale to support this request. Overall, this request is not medically necessary.