

Case Number:	CM15-0012147		
Date Assigned:	02/02/2015	Date of Injury:	06/28/2013
Decision Date:	03/20/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/21/2015

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: California

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

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 23 year old male, who sustained an industrial injury on June 28, 2013. He has reported right leg and ankle pain, and pain of the lumbar spine region. The diagnoses have included derangement of anterior horn of medial meniscus. Treatment to date has included medications, physical therapy, and bracing. Currently, the IW complains of right leg and ankle pain, ankle swelling and difficulty with walking. Physical findings reveal a range of motion for plantar flexion 40 degrees, dorsiflexion 10 degrees, inversion 20 degrees, and eversion 5 degrees. Tenderness is noted in the Achilles tendon, tarsal tunnel area, and medial and lateral malleolus. A Tinel's test is positive for tarsal tunnel syndrome. A magnetic resonance imaging of the right ankle taken on October 15, 2014, reveals a tear of the anterior tibiotalar ligament. On December 23, 2014, Utilization Review non-certified ultrasound guided corticosteroid injection for the right ankle, based on ODG guidelines. On January 14, 2015, the injured worker submitted an application for IMR for review of ultrasound guided corticosteroid injection for the right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided corticosteroid injection right ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot Chapter, Injections (corticosteroid)

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

Decision rationale: Regarding the request for corticosteroid injection, CA MTUS and ACOEM state that invasive techniques (e.g., needle acupuncture and injection procedures) have no proven value, with the exception of corticosteroid injection into the affected web space in patients with Morton's neuroma or into the affected area in patients with plantar fasciitis or heel spur if four to six weeks of conservative therapy is ineffective. In light of the above issues, the currently requested corticosteroid injection is not medically necessary.