

Case Number:	CM15-0110526		
Date Assigned:	06/17/2015	Date of Injury:	10/01/2011
Decision Date:	07/15/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/08/2015

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: North Carolina
 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 51 year old male, who sustained an industrial injury on 10/1/11. He reported initial complaints of lower extremity injury and hazardous chemical exposure. The injured worker was diagnosed as having Grade II left ankle sprain; neuropathic or neuropathy; closed left ankle fracture; sprain torn deltoid ligament; chondromalacia degenerative joint disease; chronic lateral ankle instability; anterior talofibular ligament tear; edema medial malleolus; osteochondral talar dome defect; ankle traumatic arthritis subtalar joint; fracture fragment distal tibia; instability lateral ligament complex. Treatment to date has included status post left ankle arthroscopy, synovectomy and debridement- tibial fracture surgery (7/2012); left ankle injections (9/3/14; 1/10/14; 1/14/15; 12/31/14); physical therapy; Unna boot; cane; medications. Diagnostics included MRI ankle (2/5/15; X-ray ankle (2/5/15). Currently, the PR- 2 notes dated 2/5/15 indicated the injured worker complains of pain and swelling of the left ankle with decreased mobility and must walk with a cane. The provider documents under the "Objective Findings", severe edema ligament tear/bone injury/instability. MRI and x-rays were positive for bone fragment at the distal tibia, rule out ligament tear. He was treated on this day with H-wave therapy to diminish nerve pain and given Terocin patches. Prior PR-2 notes dated 1/14/15 indicate the same including a Lidocaine and Alcohol injection was administered to help the pain. The provider is requesting a retrospective nerve block injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective nerve block injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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

Decision rationale: Per the ACOEM chapter on ankle and foot complaints and invasive procedures: 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 based on the above recommendations per the ACOEM the requested nerve block is not certified or medically necessary.