

Case Number:	CM15-0111501		
Date Assigned:	06/17/2015	Date of Injury:	01/17/2014
Decision Date:	07/16/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/09/2015

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 45 year old female, who sustained an industrial injury on 01/17/2014. Initial complaints and diagnosis were not clearly documented. On provider visit dated the injured 05/04/2015 worker has reported upper back, mid back, low back, right knee, left ankle and right ankle pain. On examination of the left ankle revealed tenderness over the calcaneus and was noted to have limited range of motion secondary to pain. The diagnoses have included left ankle pain, left foot pain and chronic pain. Treatment to date has included surgical intervention. There was limited documentation submitted for review. The provider requested diagnostic left ankle intra articular injection, 2cc Marcaine, 0.5% and 2cc Lidocaine, 1%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic left ankle intra articular injection, 2cc marcaine, 0.5% and 2cc lidocaine, 1%:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The ACOEM chapter on foot and ankle complaints states: 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 recommendation per the ACOEM and the provided clinical documentation for review, the request is not medically necessary.