

Case Number:	CM15-0112948		
Date Assigned:	06/19/2015	Date of Injury:	07/06/2013
Decision Date:	07/21/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/11/2015

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: Emergency Medicine

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 29-year-old male, who sustained an industrial injury on 7/06/2013. Diagnoses include ankle sprain, tenosynovitis foot/ankle involving posterior tibialis and flexor digitorum longus tendons (left), chronic pain syndrome and ganglion and cyst of synovium, tendon and bursa. Treatment to date has included medications including hydrocodone/APAP and Ibuprofen, physical therapy and cortisone injections. Per the Primary Treating Physician's Progress Report dated 2/19/2015, the injured worker reported chronic left ankle pain. He rated his pain as 4/10 at its best and 8/10 at its worst. Physical examination of the left ankle revealed swelling at the joint line and palpable mobile tender cysts one medial and one lateral joint line. There was tenderness at the plantar proximal aspect of the left foot and lateral joint line cyst, and loud crepitus with dorsi and plantar flexion. The plan of care included bracing, physical therapy and injections. Authorization was requested for injection sinus tarsi of the left foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection sinus tarsi of the left foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot Chapter, Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot, Injections (corticosteroid).

Decision rationale: The requested Injection sinus tarsi of the left foot, is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Ankle & Foot, Injections (corticosteroid) noted: "Not recommended for tendonitis or Morton's Neuroma, and not recommend intra-articular corticosteroids. Under study for heel pain. Intra-articular corticosteroids: Not recommended." The injured worker has chronic left ankle pain. He rated his pain as 4/10 at its best and 8/10 at its worst. Physical examination of the left ankle revealed swelling at the joint line and palpable mobile tender cysts one medial and one lateral joint line. There was tenderness at the plantar proximal aspect of the left foot and lateral joint line cyst, and loud crepitus with dorsi and plantar flexion. The treating physician has not documented objective evidence of functional improvement from previous cortisone injections. The criteria noted above not having been met, Injection sinus tarsi of the left foot are not medically necessary.