MAXIMUS Federal Services

Case Number:	CM15-0113586		
Date Assigned:	06/19/2015	Date of Injury:	09/07/2012
Decision Date:	07/23/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/12/2015

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 38 year old male, who sustained an industrial injury on 9/07/2012. Diagnoses include left ankle osteochondral lesion talus. Treatment to date has included surgical intervention, diagnostics and injections. Magnetic resonance imaging (MRI) dated 4/13/2015 was read by the evaluating provider as demonstrating osteochondral defect of the medial talus and irregularity of the cortex as well as cyst formation with probable chondromalacia of the adjacent tibia. Per the Primary Treating Physician's Progress Report dated 4/27/2015 the injured worker reported left ankle pain. Physical examination revealed negative anterior drawer, pain at the ankle with range of motion and no gross instability. The plan of care included a corticosteroid injection and authorization was requested for cortisone injection left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection to the left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, online edition, Chapter: Ankle & Foot (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371, 376.

Decision rationale: As per ACOEM guidelines, 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. Request does not meet ACOEM guidelines for recommendation and is therefore not medically necessary.