MAXIMUS Federal Services

Case Number:	CM15-0115542		
Date Assigned:	06/23/2015	Date of Injury:	02/16/2014
Decision Date:	07/28/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/15/2015

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 46 year old male, who sustained an industrial injury on 2/16/2014. He reported multiple injuries to his hip, knee and ankle when a patient fell onto his right lower extremity. The injured worker was diagnosed as having other sprains and strains of ankle. Treatment to date has included diagnostics, right ankle stabilization procedure (1/27/2015), excision of hypertrophic scar and revision/repair of hypertrophic scar of the right lateral ankle (3/17/2015), and medications. Currently (4/06/2015), the injured worker reported excellent progress to the surgical site and improved stability since surgery. No edema or signs of infection were noted. A small area of dehiscence was noted. It required debridement in attempt to heal completely and steri strips were applied. His work status remained total temporary disability. A progress report regarding ulcer debridement x2 in office and trigger injection for fascial insertion was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ulcer debridement x 2 in office: Overturned

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): 380-382.

Decision rationale: The request is for ulcer debridement x 2 in the office. The injured worker is recently status post right ankle stabilization procedure, as well as multiple surgical scar revisions. The documentation provided for review is difficult to review due to being handwritten, but there is suggestion for wound dehiscence following the last procedure. The treatment algorithms of the American College of Occupational and Environmental Medicine, Ankle and Foot Complaints suggests that if there is concern for infection or red flags for a poor outcome following surgical intervention, that consultation with the surgeon is warranted. If intervention is determined to be necessary, then it is indicated. The treating surgeon in this case believes intervention is necessary to promote wound healing and prevent infection. The request as written is therefore medically necessary.

Trigger injection for fascial insertion: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: The request is for trigger point injection. It is recommended only for myofascial pain syndrome, with limited lasting value. It is not recommended for radicular pain. Trigger point injections with an anesthetic such as Bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Trigger points may be present in up to 33-50% of the adult population. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. It is not recommended for typical back pain or neck pain. Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. A portion of the documentation provided for review is handwritten and poorly legible. Documentation that can be reviewed documents tenderness of the medial fascial insertion point on the right foot, but there is no clear description of a true trigger point with twitch response. The requirements of the MTUS guidelines have not been met, and the requested treatment is unlikely to provide benefit in light of the documentation provided, and it is therefore not medically necessary.