

Case Number:	CM15-0119165		
Date Assigned:	06/29/2015	Date of Injury:	09/20/2008
Decision Date:	08/10/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/19/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 48 year old female, who sustained an industrial injury on 9/20/2008, from a trip and fall. The injured worker was diagnosed as having chronic arthritis and capsulitis. Treatment to date has included diagnostics, splinting, right ankle surgery x2, and medications. Currently, the injured worker complains of right foot pain, rated 7.5/10, and associated with radiation down leg. Her body mass index was 39%. Pain and tenderness were noted about the right sinus tarsi around the lateral malleolus. She was currently not working. The treatment plan included a right ankle sinus tarsi C-arm guiding injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right ankle Sinus Tarsi C-Arm guiding injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 370. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter, Steroids (injection); Injections (corticosteroid).

Decision rationale: Regarding the request for right ankle injection, CA MTUS and ACOEM cite that 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. ODG cites that injections for heel pain (plantar fasciitis) are under study, while injections for other conditions are not recommended. Within the documentation available for review, there is no indication of a condition for which injections are supported by the guidelines. As such, the currently requested right ankle injection is not medically necessary.