

<b>Case Number:</b>	CM15-0128479		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	09/07/2012
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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 38 year old male, who sustained an industrial injury on 9/7/12. He reported left ankle pain. The injured worker was diagnosed as having left ankle pain and osteochondral lesion talus. Treatment to date has included left ankle arthroscopy on 2/28/13 and physical therapy. Physical examination findings on 6/1/15 included pain with attempted range of motion in the ankle. Stiffness was present. Anterior drawer's test was negative. Currently, the injured worker complains of left ankle pain. The treating physician requested authorization for a Cortisone injection to the left ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cortisone injection in 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, Chapter: Ankle & Foot (Acute & Chronic), Steroids (injection).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370-373.

**Decision rationale:** The ACOEM chapter on 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." The provided clinical records do not meet these criteria and therefore the request is not medically necessary.