

Case Number:	CM15-0173711		
Date Assigned:	09/15/2015	Date of Injury:	06/21/2008
Decision Date:	10/20/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/03/2015

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: 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:

This is a 64 year old male with a date of injury on 6-21-2008. A review of the medical records indicates that the injured worker is undergoing treatment for left foot and ankle pain, chronic tendinitis of the left ankle, chronic pain and insomnia. Medical records (8-12-2015) indicate ongoing left foot-ankle pain rated seven out of ten. The injured worker reported difficulty with prolonged walking and standing. He was taking Tramadol once daily and wearing an ankle support. It was noted that paraffin therapy was applied to the left ankle with 30 percent improvement in acute pain. Per the treating physician (8-12-2015), the employee was not currently working. The physical exam (4-30-2015) revealed decreased range of motion left ankle, nearly 100 percent frozen. Treatment has included physical therapy, acupuncture, paraffin treatment and medications (Tramadol and Nortriptyline). The request for authorization dated 8-12-2015 was for local injection to the left ankle and a home paraffin unit. The original Utilization Review (UR) (8-19-2015) denied a request for local injection left ankle. Provided documentation is very poor with very brief statements and little plan or information. It appears that the ankle injection may have been already done without approval. Any information pertaining to post-injection results will not be considered in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Local injection for the left ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot: Injections (corticosteroid).

Decision rationale: As per MTUS Chronic pain 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. As per Official Disability Guidelines, intraarticular steroid injections are not recommended with no evidence to show any benefit. Provider has failed to provide any justification for injection. Not recommended and therefore is not medically necessary.