

<b>Case Number:</b>	CM15-0176955		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	08/22/2012
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 28 year old male who sustained an industrial injury on August 22, 2012. He reported right ankle pain after rolling it while walking down stairs carrying a heavy object. The injured worker was diagnosed as having ankle sprain, Achilles tendinitis, peroneal tendinitis, metatarsalgia, and pain. Treatment to date has included diagnostic studies, crutches, ankle brace, medications, Unna's boot, physical therapy, right ankle injection, acupuncture, and work restrictions. It was noted his last date of employment was January 16, 2015. Currently, the injured worker continues to report a painful right foot and ankle and low back pain with stiffness, heaviness, tingling and weakness. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. Evaluation on April 6, 2015, revealed continued pain as noted. He rated his pain at 5 on a 1-10 scale with 10 being the worst. He noted having severe swelling on the outer and inner aspect of the right ankle. He noted range of motion was painful. Right ankle magnetic resonance imaging (MRI) on March 11, 2015, was noted to reveal tenosynovitis and flexor hallucis longus, small joint effusion of the tibiotalar joint, and Achilles tendinitis. Evaluation on June 23, 2015, revealed continued pain as noted. It was noted he was status post right ankle and foot injection with no significant improvement. Evaluation on June 24, 2015, revealed continued pain as noted. He rated his pain at 7 on a 1-10 scale with 10 being the worst. He noted the pain was improved with medications, physical therapy, and acupuncture. Sitting straight leg test was noted as positive. There was noted tenderness to palpation of the lumbar spine and right ankle. Evaluation on August 17, 2015, revealed continued pain as noted. He rated his pain at 7 on a 1-10 scale with 10 being the worst. The RFA included a request for left ankle

injection under ultrasound and was non-certified on the Utilization Review (UR) on August 21, 2015.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Left ankle injection under ultrasound:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) ODG Treatment Integrated Treatment/Disability Duration Guidelines Ankle & Foot (Acute & Chronic) updated 06/22/15 Online Version.

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

**Decision rationale:** The cited ACOEM guidelines state that invasive techniques (e.g., needle acupuncture and injection procedures) have no proven value in the ankle. The ODG further states that intra-articular corticosteroids in the ankle are not recommended because most evidence for the efficacy of intra-articular corticosteroids is confined to the knee. Overall, few studies considered the efficacy of foot and ankle injections. Therefore, based on the cited guidelines, the request for left ankle injection under ultrasound is not medically necessary and appropriate.