

Case Number:	CM15-0178649		
Date Assigned:	09/18/2015	Date of Injury:	06/07/2013
Decision Date:	10/29/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/10/2015

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

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 34 year old male who sustained an industrial injury on 6-7-13. The impression is noted as chronic anterior talofibular ligament injury with prior sprain and now painful fibrosis-bilateral, distal plantar fasciitis secondary to altered gait from industrial injury-bilateral, status post shoulder injury and superior labral anterior and posterior repair, depression, ongoing headaches, low back pain with discopathy, and right posterior tibial tendon dysfunction stage 1 most likely from twisting injury during accident. Previous treatment includes MRI's of both ankles 10-6-14, injections, medication, foot and ankle X-rays. In an initial podiatry visit-comprehensive dated 7-28-15, the physician notes complaints of pain in the medial and lateral sides of both ankles and both arches and that pain is worse towards the end of his workday. The examination reveals tenderness to palpation over the bilateral anterior talofibular ligaments. Ankle range of motion is smooth, full, and pain free with no ankle instability. There is tenderness to palpation noted over the right sinus tarsi consistent with the MRI finding. There is tenderness noted of the right posterior tibial tendon between the medial malleolus and the navicular with 5 out of 5 strength. Tenderness is noted of the medial band of the plantar fascia at the mid level in the arch bilaterally with no palpable defects or nodules. Work status is to continue usual work but reduce from 12 to 8 hours per day 5 days per week. It is noted, he works in required steel-toed boots. Authorization is requested for diagnostic ultrasound scanning of both ankles with emphasis on the anterior talofibular ligaments, right sinus tarsi with ultrasonic guided Corticosteroid injections as indicated, diagnostic ultrasonic scanning of bilateral plantar fascia, custom show inserts, two pairs of extra depth shoes, and bilateral lace up ankle braces. The requested treatment of bilateral ankle ultrasound guided Corticosteroid injections was not approved on 8-17-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two Bilateral Ankle Ultrasound Guided Corticosteroid Injections: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (updated 6/22/2015) Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and Ankle Chapter, under Injections (Corticosteroid).

Decision rationale: Based on the 8/18/15 progress report provided by the treating physician, this patient presents with chronic bilateral ankle pain. The treater has asked for two bilateral ankle ultrasound guided corticosteroid injections on 8/18/15. The request for authorization was not included in provided reports. The patient is s/p industrial crush and twisting injury, and after reducing workday to 8 hours per day, his symptoms have reduced but still complains of pain at the end of workday per 8/18/15 report. The patient had a right corticosteroid injection per 8/18/15 report, and during injection, a significant fibrosis could be heard and palpated while the needle passed through the ligament. The patient will follow up in 2 weeks and if there is significant relief, will receive the same injection on the left ankle per 8/18/15 report. The 7/28/15 report states that the patient has received injections, probably corticosteroid, to both ankles with no significant relief. The patient is s/p MRI of bilateral ankles. The patient has returned to work on his usual duties as of 7/7/15 after no working the past 2 years per 7/28/15 report. ODG Guidelines Foot and Ankle Chapter, under Injections (Corticosteroid) states: "Not recommended for tendonitis or Morton's Neuroma, and not recommend intra-articular corticosteroids. Under study for heel pain. See specific indications below. Heel pain (plantar fasciitis): Under study. There is no evidence for the effectiveness of injected corticosteroid therapy for reducing plantar heel pain. Steroid injections are a popular method of treating the condition but only seem to be useful in the short term and only to a small degree. Tendon: Not recommended. Cortisone injections in the area of the Achilles tendon are controversial because cortisone injected around the tendon is harmful and can lead to Achilles tendon ruptures. Local glucocorticoid injections have generated controversy for Achilles tendinopathy. This systematic review found little evidence to support their efficacy, and, furthermore, local glucocorticoid injections were associated with rupture of the Achilles tendon. Morton's Neuroma: Not recommend corticosteroid injections. There are no RCTs to support corticosteroid injections in the treatment of Morton's Neuroma. Intra-articular corticosteroids: Not recommended. Most evidence for the efficacy of intra-articular corticosteroids is confined to the knee, with few studies considering the joints of the foot and ankle." In regard to the request for a cortisone injection of bilateral ankles, the requested procedure is not supported by guidelines. The patient has a diagnosis of chronic ATFL sprain with fibrosis. The patient does not complain of heel pain, tendon pain, or Morton's neuroma; neither it is an intra-articular injection. While such injections are currently under study for plantar fasciitis, this patient does not present with symptoms specific to that condition nor do the examination findings support such a diagnosis. Given the lack of guideline support for cortisone injections to the ankle and foot, the requested procedure cannot be substantiated. Therefore, the request IS NOT medically necessary.