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| <b>Case Number:</b>   | CM15-0039546 |                              |            |
| <b>Date Assigned:</b> | 03/09/2015   | <b>Date of Injury:</b>       | 06/07/2012 |
| <b>Decision Date:</b> | 04/15/2015   | <b>UR Denial Date:</b>       | 02/18/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/02/2015 |

### 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, Washington

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 42-year-old male who reported an injury on 06/07/2012. The mechanism of injury was not specifically stated. The injured worker presented on 12/12/2014 for a follow-up evaluation with complaints of increased ankle pain. Upon examination, there was mild tenderness to palpation with mild swelling. The injured worker was diagnosed with left ankle pain. Recommendations included an ultrasound guided injection with a refill of pain cream. A Request for Authorization form was then submitted on 12/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left ankle cortisone injection with ultrasound guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state invasive techniques such as injection procedure have no proven value with the exception of a corticosteroid injection into the affected web space in patients with Morton's neuroma, plantar

fasciitis or a heel spur if 4 to 6 weeks of conservative therapy is ineffective. In this case, the injured worker does not maintain any of the above mentioned diagnoses. Additionally, there was no evidence of an attempt at recent conservative treatment prior to the request for an invasive procedure. The injured worker's physical examination does not reveal significant functional deficit. Given the above, the request is not medically appropriate at this time.