

Case Number:	CM15-0066319		
Date Assigned:	04/14/2015	Date of Injury:	10/25/2012
Decision Date:	05/27/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/07/2015

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, Indiana, Oregon
Certification(s)/Specialty: Orthopedic Surgery

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 45 year old female, who sustained an industrial injury on October 25, 2012. She reported slipping and falling backwards off a ladder with right leg and ankle pain. The injured worker was diagnosed as having gait abnormality, Complex Regional Pain Syndrome (CRPS), tibia fracture, and osteochondritis dissecans. Treatment to date has included physical therapy, electromyography (EMG)/nerve conduction study (NCS), ankle MRI, Ace wrap, x-rays, orthotics, sympathectomy block, bone scan, and medication. Currently, the injured worker complains of burning and shooting pain in the right foot and along the right ankle. The Treating Physician's report dated March 17, 2015, noted the injured worker with a positive Tinel's sign with percussion of the tarsal tunnel right ankle and percussion of SPN/Sural nerve to lateral foot and fourth/fifth digits, proximal to nail beds. Moderate pain on palpation along the right plantar and medial tubercle pain with side to side compression, and pain with hind foot/ankle compression medial to lateral was noted. The treatment plan was noted to include a request for authorization for arthrocentesis of the right ankle with lidocaine and long acting anesthetic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthrocentesis w/Lidocaine and long-acting anesthetic: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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

Decision rationale: CA MTUS/ACOEM guidelines for the evaluation of the foot and ankle page 371 states that invasive techniques like needle acupuncture or injections have no proven value with the exception of a web space steroid injection for Morton's neuroma. In this case the request is for an ankle anesthetic injection. As this is not in keeping with the guidelines, it is not medically necessary.