

Case Number:	CM15-0066825		
Date Assigned:	04/14/2015	Date of Injury:	08/02/2013
Decision Date:	06/12/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/08/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 48 year old male with an industrial injury dated 09/12/2013 and cumulative trauma injury dated 08/02/2011 to 08/02/2013. His diagnoses includes sprain/strain lumbar spine, rule out radiculitis/radiculopathy secondary to herniated lumbar disc, sprain/strain cervical spine, rule out radiculitis/radiculopathy secondary to herniated cervical disc, left knee sprain/strain, internal derangement status post arthroscopy, right knee sprain/strain internal derangement status post arthroscopy, left ankle sprain/strain rule out internal derangement and right ankle sprain/strain rule out internal derangement. Prior treatment included physical therapy, right and left knee surgery, surgery to right eye and medications. He presents on 03/10/2015 with complaints of pain in his neck with radicular symptoms into the right and left arm, lower back pain with radicular symptoms into the legs, right and left knee pain and pain in right and left foot and ankle. Physical exam of the cervical spine revealed positive foraminal compression and Spurling's test. There was tightness and spasm in the lumbar paraspinal musculature noted bilaterally. There was medial joint tenderness of bilateral knees with positive McMurray's test bilaterally. Bilateral ankles revealed tenderness to the Achilles tendon attachment to the calcaneus. There was medial and lateral joint line tenderness. Treatment plan consisted of nerve conduction studies, diagnostic studies (MRI) of the lumbar spine, right and left knee and right and left ankle, physical therapy, general surgery consult, neurological evaluation, cane and ultrasound-guided cortisone injection for the right and left knee for therapeutic and analgesic purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided corticosteroid injection right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376-377. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot chapter - Injections (Corticosteroid).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle- injections (corticosteroid).

Decision rationale: Ultrasound guided corticosteroid injection right ankle is not medically necessary per the MTUS and the ODG Guidelines. The MTUS ACOEM Guidelines state that injections of corticosteroids or local anesthetics or both should be reserved for patients who do not improve with more conservative therapies. Steroids can weaken tissues and predispose to reinjury. Local anesthetics can mask symptoms and inhibit long-term solutions to the patient's problem. Both corticosteroids and local anesthetics have risks associated with intramuscular or intraarticular administration, including infection and unintended damage to neurovascular structures. The ODG states that ankle injections are not recommended for tendonitis or Morton's Neuroma, and not recommend intra-articular corticosteroids. They are under study for heel pain. The documentation does not reveal extenuating circumstances which would necessitate going against guideline recommendations for ankle injections therefore this request is not medically necessary.