

Case Number:	CM15-0066853		
Date Assigned:	04/14/2015	Date of Injury:	08/02/2013
Decision Date:	05/18/2015	UR Denial Date:	03/27/2015
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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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, who sustained an industrial injury on 8/2/13. He reported knee pain, back pain, left ankle pain, right hand pain, and headaches. The injured worker was diagnosed as having left ankle sprain/strain rule out internal derangement. Treatment to date has included physical therapy and medication. A MRI of the left ankle performed on 2/26/15 revealed a small effusion at the tibiotalar, talofibular, and subtalar joints. Prominent posterior talar process, Achilles tendinosis, Sinus tarsi syndrome, and subcutaneous edema long the lower end of the tibia and fibula was also noted. Currently, the injured worker complains of right and left foot/ankle pain. The treating physician requested authorization for an ultrasound guided corticosteroid injection for the left ankle. The treating physician noted the injection was recommended 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 left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371, 376-377. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ankle and foot chapter, injections.

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

Decision rationale: Regarding the request for cortisone steroid injections for the right ankle, CA-MTUS does not specifically address the topic; ODG does not recommend intra-articular cortisone steroid injections for the foot or ankle. 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. Guidelines go on to state, no independent clinical factors were identified that could predict a better post-injection response and the evidence is limited. Guidelines also state, 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. Within the documentation available for review, the patient has tenderness of the left Achilles tendon and also possibly has a diagnosis of radiculopathy. As such, the currently requested cortisone steroid injections for the left ankle are not medically necessary.