

Case Number:	CM15-0068075		
Date Assigned:	04/15/2015	Date of Injury:	02/15/2006
Decision Date:	06/08/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/10/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 58-year-old female patient who sustained an industrial injury on 02/15/2006. A podiatry follow up visit dated 12/10/2014 reported subjective complaints of bilateral ankle pain. She uses Vicodin for pain, and wears orthotics. She has also had injections treating the pain, which were found to help quite a bit in decreasing the pain. The assessment noted post t1b tendonitis, b2, 1 myositis. The plan of care involved recommending another injection to left ankle. Another follow up podiatry visit dated 02/18/2015 described the patient having been participating in physical therapy with good benefits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection to left ankle with 1.5 cc Lidocaine 1% and 1.5 cc Marcaine 0.5%: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: In this case, the patient had received this injection from a prior request. However, there was no documented objective functional improvement with the prior injection. Per guidelines, injections should relieve pain to the extent of 50 percent for a sustained period and reduce pain medications required, improved function, and return to work. The request for injection to the left ankle with 1.5 cc lidocaine and 1.5 cc Marcaine is not medically appropriate and necessary.