

Case Number:	CM15-0068950		
Date Assigned:	04/16/2015	Date of Injury:	09/17/2014
Decision Date:	05/15/2015	UR Denial Date:	04/04/2015
Priority:	Standard	Application Received:	04/11/2015

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

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:

This 80 year old male sustained an industrial injury on 9/17/14. He subsequently reported an ankle/ foot injury. Diagnoses include right ankle sprain and right posterior lower leg muscle strain. Treatments to date have included x-rays, modified work duty and physical therapy. The injured worker continues to experience right ankle pain. A request for Cortisone injection to the talofibular joint was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection to the talofibular joint: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot, Corticosteroid injections.

Decision rationale: The requested Cortisone injection to the talofibular joint, is not medically necessary. Per CA MTUS Chronic Pain Treatment Guidelines is silent, Official Disability Guidelines, Ankle and Foot, Corticosteroid injections, are not recommended. The injured worker has right ankle pain. The treating physician has documented a complete tear of anterior tibialis tendon but not the presence of osteoarthritis. The criteria noted above not having been met, Cortisone injection to the talofibular joint is not medically necessary.