

Case Number:	CM15-0070398		
Date Assigned:	04/17/2015	Date of Injury:	07/24/2010
Decision Date:	05/18/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/13/2015

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: Internal Medicine, Rheumatology

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 57 year old female who sustained an industrial injury on 7/24/10 from a fall injuring her left knee. She was diagnosed with internal derangement of her left knee and had arthroscopic surgery in 7/2011. She had post-operative physical therapy but her pain was not any better. She then had a partial knee replacement surgery of the left knee. She injured her low back and right ankle and had arthroscopic right ankle surgery on 12/6/13. She continues to experience ongoing pain in her left knee and right ankle (right posterior Achilles pain). Her pain level is 8/10. She ambulates slowly with a mild limp. Pain medications control her pain. She also has constant lower back pain with pain level of 5-7/10. She has sleep difficulties. She is independent in her basic activities of daily living but has difficulty with prolonged sitting, standing, bending, climbing, kneeling, and twisting. Medications are Motrin, Prilosec and Gralise. Diagnoses include left knee pain, internal derangement, partial knee replacement (7/8/11), arthroscopic surgery (2/10); right ankle pain, right ankle Achilles tendinitis, status post surgical repair of the right foot and ankle (12/6/13); low back pain and bilateral hip pain due to abnormal gait; right foot and leg neuropathic pain; sleep difficulties; sexual difficulties and psychological difficulties. Treatments to date include corticosteroid injections, anti-inflammatories. Diagnostics include computed tomography of the left knee (11/12/12) abnormal findings; bone scan (2/4/13) abnormal; MRI right ankle (10/8/12) is negative; MRI right ankle (3/2/15); abnormal MRI of the right foot (2/11/14); MRI left knee (2/12/15) abnormal findings; abnormal bone scan left knee (2/4/13). In the progress note dated 3/23/15 the treating provider's plan of care is to request corticosteroid injection into the bursal sac avoiding the Achilles tendon right heel based on MRI

(3/2/15) showing distal insertional Achilles tendinosis with mild peritendinitis and bone marrow edema. She continues to have palpable pain at the insertion of the Achilles tendon and on palpation of the bursal sac.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient one cortisone injection/kenalog to posterior right heel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Tendon (Achilles Tendonitis).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

Decision rationale: This 57 year old female has complained of left knee and right ankle pain since date of injury 7/24/10. She has been treated with surgery, physical therapy and medications. The current request is for outpatient one cortisone injection/kenalog to posterior right heel. Per the ACOEM guidelines cited above, Invasive techniques (e.g., needle acupuncture and injection procedures) have no proven value, with the exception of corticosteroid injection into the affected web space in patients with Morton's neuroma or into the affected area in patients with plantar fasciitis or heel spur if four to six weeks of conservative therapy is ineffective. The available medical records do not contain documentation of these conditions. On the basis of the available medical records and per the ACOEM guidelines cited above, outpatient one cortisone injection/kenalog to posterior right heel is not medically necessary.