

<b>Case Number:</b>	CM15-0070952		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	05/30/2012
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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: Physical Medicine & Rehabilitation

### 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 50 year old female, who sustained an industrial injury on 05/30/2012. She underwent open reduction with internal fixation of a comminuted fracture of the right patella and tibial plateau. She had a lateral meniscus tear and a patellar tendon repair. She was also treated in a cast for a fractured right hand involving the proximal phalanges of her third and fifth fingers, and an ankle fracture and traumatic brain injury. Surgery was performed on the right knee. She had a severely comminuted right tibial bicondylar plateau fracture with no instability, a severe comminuted right patellar fracture, multiple right foot and ankle wounds and a bucket handle tear of the right lateral meniscus. She also had injuries to her chest wall and was found to have a ruptured breast implant on the right side. She was diagnosed with traumatic brain injury to the occipital lobe with vision loss in the right, cervical spine strain, right wrist fracture, non- displaced fractures of the right hand, right hand fifth proximal phalanx stress fracture, right hand third proximal phalanx stress fracture, status post transverse process fractures at L1 and L2, right comminuted tibial plateau fracture, right comminuted patellar fracture, status post lateral meniscus repair, status postpatellar tendon repair, right comminuted trimalleolar ankle fracture status post deep venous thrombosis and ruptured breast implant. According to a progress report dated 03/10/2015, the injured worker complained of cognitive problems resulting from brain trauma, pain in the right side of the chest wall, right and left ankle pain, right knee pain, right foot pain and back pain. The provider noted that a previous injection decreased her right ankle pain. Treatment plan included a new ankle steroid injection.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **RIGHT ANKLE STEROID INJECTION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official disability guidelines Ankle and Foot chapter, Steroids (injection).

**Decision rationale:** The patient presents on 03/10/15 with right ankle pain rated 4-5/10 exacerbated by walking, and associated swelling of the ankle and foot. The patient's date of injury is 05/30/12. Patient is status post right ankle fracture with open reduction and internal fixation surgery at a date unspecified. The request is for right ankle steroid injection. The RFA is dated 03/24/15. Physical examination dated 03/10/15 reveals 10-degree range of motion on right ankle dorsiflexion, 35-degree range of motion on right ankle plantar flexion. The provider also notes that the patient presents with a significant limp favoring the right ankle. The patient is currently prescribed Norco, Omeprazole, and Enoxaprin. The patient also takes baby Aspirin and Tylenol OTC as needed. Diagnostic imaging was not included, though progress note dated 03/10/15 references X-ray of the right ankle dated 07/08/14, significant findings include: "... a lateral plate 10 hole with three screws distal with two of those screws crossing the distal tib-fib joint and four screws proximal... there is osteopenia... on lateral view, the ankle joint appears concentric except for a bulge of bone seen at the posterior aspect of the talus..." Patient is currently classified as permanent and stationary, though current employment status is not provided. ACOEM chapter 14, page 371 under 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. ODG Ankle and Foot chapter, under Steroids (injection) has the following: "Under study. There is little information available from trials to support the use of peritendinous steroid injection in the treatment of acute or chronic Achilles tendinitis. 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. No independent clinical factors were identified that could predict a better post-injection response." In regard to the steroid injection directed at the right ankle, the requested procedure is not supported for this patient's chief complaint. Progress note dated 03/10/15 indicates that this patient has had 1 previous steroid injection to the right ankle which did decrease her pain symptoms. However, ODG and ACOEM do not support ankle steroid injections for conditions other than Morton's neuroma, plantar fasciitis, or heel spur. This patient presents with post-traumatic injury / post-surgical pain of the right ankle. Given a lack of support by guidelines for this patient's chief complaint, the medical necessity of the requested injection cannot be substantiated. The request is not medically necessary.