

Case Number:	CM15-0071548		
Date Assigned:	04/28/2015	Date of Injury:	07/08/2013
Decision Date:	05/27/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 49 year old male who sustained an industrial injury on 07/08/13. Initial complaints and diagnoses are not available. Treatments to date include left hip surgery and medications. Diagnostic studies are not addressed. Current complaints include left hip, leg and knee pain. Current diagnoses include left hip degenerative joint disease. In a progress note dated 03/25/15 the treating provider report the plan of care as a left hip corticosteroid injection under fluoroscopy. The requested treatment is an intraarticular injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intraarticular Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter, Intra-articular corticosteroids.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: This injured worker has a diagnosis of ankle sprain from an injury sustained in 2013. The podiatry visit of 3/15 reviews an MRI from 12/13 and additional findings of increased signal to the anterior aspect of the ankle indicative of anterior ankle synovitis with impingement per the podiatrist's read of the MRI. An injection was performed and was denied. Per the ACOEM, 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. In the case of this injured worker, the injection for diagnostic and therapeutic reasons for anterior ankle synovitis is not medically substantiated or indicated as the indication was not for neuroma or plantar fasciitis or heel spur.