

<b>Case Number:</b>	CM15-0092934		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	10/17/2014
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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: Preventive Medicine, Occupational 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 47 year old female, who sustained an industrial injury on October 17, 2014. The injured worker reported right ankle pain due to twisting injury. The injured worker was diagnosed as having right ankle and subtalar sprain with residual pain and instability, plantar fasciitis, peroneal tendinopathy of right ankle and possible radiculopathy of right leg. Treatment to date has included injection, brace and medication. A progress note dated April 16, 2015 the injured worker complains of right ankle and heel pain. Physical exam notes tenderness of the ankle and heel with instability and crepitus. X-rays and magnetic resonance imaging (MRI) were reviewed. The plan includes peroneal tenogram and steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Peroneal tenogram:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1858927/>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation McGlamry's Comprehensive Textbook of Foot and Ankle Surgery. Southerland, Joe T. (EDT)/ Vickers, Daniel F./ Boberg, Jeffrey S. (EDT)/ Downey, Michael S. (EDT)/ Nakra, Aprajita (EDT) Published by Lippincott Williams & Wilkins, 2012, Chap77, Page 1172.

**Decision rationale:** The MTUS and the Official Disability Guidelines are silent on the issue of peroneal tenography. According to McGlamry's Comprehensive Textbook of Foot and Ankle Surgery, a standard podiatry reference, peroneal tenography is not recommended because it has limited use and has essentially been replaced by MRI. Magnetic resonance imaging is considered to be the gold standard for evaluating disorders of the peroneal tendons. However, some experts feel MRIs should be performed only on those patients who have failed conservative treatment and those patients who have symptoms of chronic lateral ankle pain. In the case of this patient, an MRI has been performed and is diagnostic. Peroneal tenogram is not medically necessary.

**Steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic), Injection with anesthetics and/or steroids.

**Decision rationale:** According to the Official Disability Guidelines, an injection must be given with the intent of relieving pain, improving function, decreasing medications, and encouraging return to work. Repeat pain and other injections not otherwise specified in a particular section in ODG, should at a very minimum relieve pain to the extent of 50% for a sustained period, and clearly result in documented reduction in pain medications, improved function, and/or return to work. There is no documentation of the above criteria and the previous injection lasted only one week. Steroid injection is not medically necessary.