

Case Number:	CM15-0096520		
Date Assigned:	05/26/2015	Date of Injury:	02/22/2012
Decision Date:	06/26/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/19/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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(n) 37 year old female, who sustained an industrial injury on 2/22/12. She reported pain in her right foot/ankle. The injured worker was diagnosed as having plantar fasciitis, calcaneal spur, peroneal tendonitis, capsulitis and bursitis. Treatment to date has included myofascial release, Naprosyn, Cyclobenzaprine and topical creams. On 12/11/14, the injured worker rated her pain 8-9/10 in the right plantar fascia. As of the PR2 dated 1/15/15, the injured worker reports 6/10 pain in the right plantar fascia. The pain has decreased from 7/10 following the injection in the foot. The treating physician noted antalgic gait and ankle range of motion is guarded on the right. The treating physician requested a ligament trigger point injection with ultrasonic guidance to the right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ligament trigger point injection ultrasonic guidance (right ankle): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: According to the guidelines, 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 this case, the site of the injection is in the ankle rather than in the plantar fascia. The guidelines do not recommend the injection for peroneal tendonitis. Injections provide short-term relief. The request for an ultrasound guided ankle injection is not medically necessary.