

<b>Case Number:</b>	CM15-0098803		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	06/23/2012
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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: 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 52 year old male, who sustained an industrial injury on 06/23/2012. He has reported injury to the right ankle and right wrist. The diagnoses have included degenerative osteoarthritis right wrist; status post proximal carpectomy right wrist, on 12/05/2013; instability of distal radial ulnar joint, right wrist; status post right ankle arthroscopy with chondroplasty, in January 2013; and osteochondritis dissecans medial tallar dome right ankle. Treatment to date has included medications, diagnostics, surgical intervention, and physical therapy. Medications have included Naproxen, Omeprazole, and Tramadol. A progress note from the treating physician, dated 04/21/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of right wrist pain that radiates up the right arm; drops things; right wrist surgery was cancelled due to abnormal electrocardiogram; right ankle pain; and right ankle and foot swells with standing and walking. Objective findings included right ankle positive for swelling and varicosities; right ankle range of motion is limited and painful; and maximally tender medial ankle. The treatment plan has included the request for a fluoroscopically-guided right ankle injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluoroscopically-guided right ankle injection:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (updated 05/05/15) - Online Version.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Management of osteochondritis dissecans (OCD) by Albert C Hergenroeder, MD, in Up-To-Date.com.

**Decision rationale:** This patient receives treatment for chronic pain involving the right wrist and ankle. This relates to an industrial injury dated 06/23/2012. The patient had surgery on the right ankle in January 2013, an arthroscopy with chondroplasty. The current medical diagnosis is osteochondritis desicans and varicose veins. The physical exam shows diffuse right ankle swelling anteriorly and tenderness medially. The right ankle ROM is reduced. The treating physician requests that [REDACTED] perform a fluoroscopic-guided right ankle injection. The medical records show that this may have already been performed. The expert opinion cited in this review states that surgical results are best for an OCD lesion, if conservative treatment is not beneficial. Given the edema and varicose veins noted on exam, a fluoroscopic guided intra-articular injection of Lidocaine and steroid in the ankle joint is medically indicated to see if the pain generator is intra-articular and correlates with the 8mm lesion imaged on the MRI of the R ankle. The request is medically necessary.