

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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MAXIMUS
Federal Services



Notice of Independent Medical Review Determination

Dated: 12/7/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/22/2013
Date of Injury: 2/3/2004
IMR Application Received: 8/28/2013
MAXIMUS Case Number: CM13-0017537

- 1) MAXIMUS Federal Services, Inc. has determined the request for **outpatient injection for the left ankle using a combination of Marcaine 0.5% and Kenalog 10mg/cc is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/28/2013 disputing the Utilization Review Denial dated 8/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **outpatient injection for the left ankle using a combination of Marcaine 0.5% and Kenalog 10mg/cc** is not **medically necessary and appropriate**.

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

This 62 year old female was injured 2/3/04. Mechanism of injury was standing and walking on a concrete floor. No surgery has been reported to this reviewer relative to this injury. The requesting provider's medical report dated 8/21/13 stated that the patient continued to complain of a painful left ankle. Objective: pain with palpation of the left ankle and pain with passive range of motion of the left ankle. Diagnosis: ankle pain. Treatment plan and request: intra-articular corticosteroid injection with a combination of Marcaine and Kenalog.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

1) Regarding the request for outpatient injection for the left ankle using a combination of Marcaine 0.5% and Kenalog 10mg/cc:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), which is not part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Ankle and Foot Complaints, pgs. 371 & 376, which are part of MTUS. The Expert Reviewer also based his/her decision on the Official Disability Guidelines (ODG), which is not part of the MTUS.

Rationale for the Decision:

The employee has been diagnosed with chronic left ankle osteoarthritis. Treatment has included corticosteroid injections of the left ankle, physical therapy, orthotics, and medications. The available medical records show a corticosteroid injection to the left ankle was performed in 03/2013. Per MTUS guidelines cited above, invasive techniques including corticosteroid injections have no proven value in the treatment of osteoarthritis of the ankle. Single injections may be indicated for individuals with diagnoses of Morton's neuroma, heel spur or plantar fasciitis; none of which this employee is documented to have. Repeat (greater than one) corticosteroid injections for foot and ankle complaints are not recommended. **The request for outpatient injection for the left ankle using a combination of Marcaine 0.5% and Kenalog 10mg/cc is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

[Redacted]
Medical Director

cc: [Redacted]
[Redacted]
[Redacted]
[Redacted]

/fn

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.