

Case Number:	CM14-0140625		
Date Assigned:	09/10/2014	Date of Injury:	02/20/2013
Decision Date:	10/22/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 44 year old male who sustained a work injury on 2-20-13. Office visit on 8-8-14 notes the claimant is status post medial malleolus per MRI with good healing. The claimant has persistent pain along the lateral side of the right ankle, pain posterior portion of calcaneus with radiating pain lateral aspect of the right leg. On exam, the claimant has lateral ankle instability demonstrated with anterior drawer test, minimal edema to the right. The claimant had a corticosteroid injection performed three weeks prior with significant relief of pain with injection to the lateral gutter. He uses a brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Ankle Block Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Ankle & Foot, Injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter - Injections

Decision rationale: Official Disability Guidelines notes that injections (corticosteroid) are not recommended for tendonitis or Morton's Neuroma, and does not recommend intra-articular corticosteroids. Most evidence for the efficacy of intra-articular corticosteroids is confined to the knee, with few studies considering the joints of the foot and ankle. No independent clinical factors were identified that could predict a better post injection response. Based on current evidence based medicine the medical necessity of this request is not established as current treatment guidelines do not support this form of treatment.