

Case Number:	CM14-0154814		
Date Assigned:	10/06/2014	Date of Injury:	03/12/2012
Decision Date:	11/06/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/22/2014

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 Family medicine 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 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:

This is a 25 years old male patient who sustained a work related injury on 03/12/2012. He sustained the injury due to being involved in a motor vehicle accident. The current diagnoses include non-union of fracture of the second metatarsal base, left and painful prominent hardware, left foot and metatarsalgia, left foot, secondary to plantar flexed fifth metatarsal. Per the doctor's note dated 9/10/2014, patient had complains of left foot and ankle pain. Physical examination revealed well healed multiple surgical incisions over the bilateral foot and ankle; right foot and ankle- painful range of motion, pain noted to be anterior, lateral, and medial, full subtalar joint range of motion and within normal limits, tenderness to palpation over the anterior, medial, and lateral aspects of the ankle; left foot and ankle- painful range of motion throughout, particularly to the anterior lateral and medial aspect, tenderness to palpation to the anterior aspect of the ankle joint in particular, palpable hardware to the lateral and medial aspect of the ankle, elicits pain with palpation, significant tenderness during range of motion as well as to palpation at the dorsal, medial, and lateral aspect of the foot as well as to the plantar aspect of the fifth metatarsal head, prominent metatarsal head, palpable hardware at the dorsal aspect of the foot, significant antalgic gait with crutch assistance with only partial weight bearing to the left foot. The medication list includes celebrex, xanax, zoloft and percocet. He has had left and right foot and ankle X-rays dated 9/10/14 which revealed internal fixation remains intact, fracture line at the medial malleolus well consolidated, however, appears to have been intra-articular, non union to the base of the 2nd metatarsal cuneiform joint remains evident; CT scan of the left foot dated 9/17/13 which revealed multiple degenerative changes at the entire left mid foot and small fracture fragments at the plantar third and fourth metatarsals and shows the plate fixation of the second metatarsal and an ununited fracture of the second metatarsal base so not completely healed and no broken screws or dislocation apparent. He has had injection to the left ankle on

7/22/14 with 30% improvement. He has undergone 6 left foot surgeries and 1 right foot surgery. He has had physical therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for an intraarticular injection to the left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Injection

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Ankle & Foot (updated 10/29/14) Injections (corticosteroid)

Decision rationale: As per the ACOEM guidelines cited below, "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." Evidence of Morton's neuroma or plantar fasciitis or heel spur is not specified in the records provided. In addition per the ODG corticosteroid injection is "Not recommended for tendonitis...., and not recommend intra-articular corticosteroids under study for heel pain." Therefore, there is no high grade scientific evidence to support intraarticular injection to the left ankle for these diagnoses. The medical necessity of an intra-articular injection to the left ankle is not established for this patient.