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Notice of Independent Review Decision

**July 21, 2015**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Prospective request for repeat os Trigonum joint injection for the left side, fluoroscopically guided, outpatient, between 06/08/2015 and 07/24/2015

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

Fellow American Academy of Physical Medicine and Rehabilitation

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female who was involved in a motor vehicle accident (MVA) on xx/xx/xx, injuring her left ankle. The patient sustained a closed fracture of the left ankle.

Per a utilization review dated June 1, 2015, the request for os trigonum fluoroscopically controlled injection of the left ankle joint as an outpatient was non-certified. Rationale: *“At this time, the request for repeat fluoroscopically-controlled injection of the left ankle is recommended for non-*

*certification as being not medically reasonable or necessary. Medical records do not warrant a repeat injection, since the previous injection provided very little of a benefit. The request for Os Trigonum Fluoroscopically Controlled Injection of the Left Ankle as an outpatient is recommended for non-certification as it is not medically necessary and appropriate as related to the compensable injury, based on the clinical information available for my review.”* The report indicated the patient continued to have pain in the ankle and foot and a closed fracture of the astragalus. A report from the attending physician dated May 8, 2015, indicated that the patient had a fluoroscopic guided injection of the os trigonum at the previous visit and had relief for only 45 minutes, the pain then came right back.

On June 9, 2015, a reconsideration request for repeat os trigonum injection for the left ankle, fluoroscopically guided, outpatient between June 8, 2015, and July 24, 2015, was non-certified. Rationale: *“The claimant had a previous injection that provided 45 minutes of relief. The request for Os Trigonum Fluoroscopically Controlled Injection of the Left Ankle as an outpatient is not medically necessary and is recommended for non-certification based on the clinical information available for my review. The repeat injection is not warranted given the failure of the prior attempt.”* The following records are documented: The claimant was diagnosed with closed fracture of the lateral malleolus, pain in joint, ankle and foot and closed fracture of astragalus. The mechanism of injury was not provided. X-ray of the left ankle done on April 9, 2015, revealed no fracture, dislocation, or destructive lesion. The ankle mortise was well-maintained. No abnormal soft tissue calcifications are noted. X-ray of the left foot done on April 9, 2015, revealed no evidence of fracture, dislocation or destructive lesion. The alignment of the bones and the joint spaces are well maintained. No abnormal soft tissue calcifications were noted. The claimant was evaluated on May 8, 2015, for follow-up with complaints of left ankle pain. The claimant rated the pain level as 7/10. The pain constantly occurs and was fluctuating. The pain was described as aching. The pain was aggravated by walking and standing and relieved by rest. The associated symptoms included joint tenderness. The claimant also complained of os trigonum. The claimant had fluoroscopic guided injection since last visit, which helped for 45 minutes and then came right back. The past medical history was notable for anxiety, depression, fracture leg, lap band surgery and cholecystectomy. Physical examination revealed an antalgic gait on the left side with partial weightbearing. There was flexor hallucis longus triggering on the left foot. The claimant tested positive for plantar flexion test. The treatment plan included prescription for hydrocodone one tablet every four to six hours as needed for pain, Prozac one capsule every day in the morning and Synthroid one tablet every day. The claimant was recommended repeat injection to the os trigonum. The claimant will continue with boot walker as tolerated.

#### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

In general corticosteroids are not recommended by ODG which states *“Intra-articular corticosteroids: Not recommended. 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 postinjection response. Evidence is limited”*. However, analgesic and corticosteroids are recommended for os trigonum syndrome, but a

successful response would not be forty-five minutes as reported after the first. The request for Left Os Trigonum Fluoroscopically Controlled Injection is not medically necessary and it is recommended for non-certification based on the clinical information available. The repeat injection is not warranted given the failure of the prior attempt

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**