MAXIMUS Federal Services

Case Number:	CM13-0017274		
Date Assigned:	12/11/2013	Date of Injury:	01/21/2010
Decision Date:	02/05/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Ohio and 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 physician 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 patient is a 59-year-old female who reported a work-related injury on 01/21/2010 due to a fall. The patient has complaints of low back pain, cervical pain and bilateral knee pain. She has undergone chiropractic therapy, physical therapy and an epidural steroid injection. A magnetic resonance imaging (MRI) of the right knee and of the lumbar spine has been performed on the patient. A request was made for x-rays of the right ankle and the left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 1044-1046.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

Decision rationale: The recent clinical documentation submitted for review stated that the patient complained of bilateral knee and neck pain and lower back pain. The patient was noted to ambulate without assistance. According to the patient, she had a court hearing where the bilateral ankle x-rays that were requested were authorized, but she was awaiting scheduling for this. There was no other clinical documentation submitted concerning the patient's ankles or

ankle pain. Physical exams of the patient noted objective findings of her lumbar spine, cervical area and bilateral knees. The California Medical Treatment Guidelines indicate that for most cases presenting with true foot and ankle disorders, special studies are usually not needed until after a period of conservative care and observation. The patient was not noted to have undergone physical therapy for her ankle or foot problems. The patient was noted to return to full duty without restrictions on 05/03/2013. The clinical documentation submitted for review does not support the request for an x-ray of the right ankle. As such, the request is non-certified.

X-ray of left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 1044-1046.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

Decision rationale: There is no documentation submitted stating that the patient had ankle or foot pain. Physical exams of the patient had objective findings for her lower back, cervical area and bilateral knees. There was a lack of subjective or objective findings noted for the patient's ankles in the submitted documentation. The California Medical Treatment Guidelines indicate that an ankle radiographic series is indicated if the patient is experiencing any pain in the malleolar area or midfoot area. Radiographic evaluation may also be performed if there is rapid onset of swelling or bruising, if the patient's age exceeds 55 years, if the injury is high velocity, in the case of multiple injury or obvious dislocation/subluxation, or if the patient cannot bear weight for more than 4 steps. The clinical documentation submitted for review does not support the request for an x-ray of the left ankle. As such, the decision for an x-ray of the left ankle is non-certified.