

Case Number:	CM13-0019427		
Date Assigned:	11/08/2013	Date of Injury:	03/16/2009
Decision Date:	06/03/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	09/03/2013

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 Orthopedic Surgery, has a subspecialty in Hand Surgery, and is licensed to practice in Florida. 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 records presented for review indicate that this is a 52-year-old individual who sustained an injury in March 2009. The mechanism of injury is noted to be stepping on a nail that pierced the plantar aspect of the left foot. This resulted in a reported osteomyelitis of the calcaneus and treatment resulted in a low back injury. The records reflect that treatment to date has included (but not limited to) multiple surgical interventions, electrodiagnostic studies, immobilization, chronic pain management (functional restoration) treatment and there are findings consistent with a neuropathic pain syndrome. An epidural steroid injection had been requested. It is also noted that the request for the epidural steroid injection was not certified in the preauthorization process. It is also noted that the request for repeat bilateral foot x-rays was not certified in the preauthorization process. The March, 2014 progress note indicates that maximum improvement has been reached relative to the foot injury. The primary treating progress note dated March, 2014 indicated ongoing low back pain with right lower extremity involvement as well as left foot pain. The pain level was noted to be 9/10. Shoe orthotics have been employed and required modification. Post Operative X-Ray Of Bilateral Feet has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATIVE X-RAY OF BILATERAL FEET.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: In the 800+ pages of medical records reviewed, multiple imaging studies have been completed. However, when considering the most recent progress notes there is no narrative presented to explain or indicate why bilateral lower extremity (foot) films are needed to address these current clinical situation. Without the presence of any noted "red flag" and given the extensive history of previous imaging studies, there is insufficient data presented support this request. The request for a post-operative x-ray of the bilateral feet is not medically necessary or appropriate.