MAXIMUS Federal Services

Case Number:	CM13-0019596		
Date Assigned:	11/27/2013	Date of Injury:	11/09/2012
Decision Date:	02/04/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	09/04/2013

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 Family Medicine and is licensed to practice in North Carolina. 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.

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 33-year-old male with a reported date of injury of 11/09/2012 when he fell from a roof from a distance of 10-12 feet. His injury included a fracture of the calcaneous. Treatments for the injury included an open reduction internal fixation (12/06/2012), physical therapy medications, and cortisone injection. Previous progress reports from 06/28/2013 noted the patient with left ankle and foot swelling, constant left ankle pain, ankle pain with activity and limited to standing to 5-7 minutes. Physical exam revealed generalized swelling of the left ankle, decreased plantar flexion, pain with inversion and eversion, unable to do toe gait or heel gait and tenderness to palpation between the 1st and 2nd tarsal bones. A progress report dated 05/02/2013 notes that x-rays show the fracture to be healed. A CT scan dated 06/10/2013 notes diffuse osteopenia and postsurgical changes. A utilization review determination rendered a decision on 08/06/2013 that certified 1 follow up appointment but did not certify for a new set of x-rays.

IMR ISSUES, DECISIONS AND RATIONALES

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

one (1) new set of X-rays: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-4.

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

Decision rationale: Per the ODG chapter on the ankle and foot, plain films are routinely obtained to exclude arthritis, infection, fracture or neoplasm. In this instance, the provider was requesting repeat x-rays when previous x- rays had already demonstrated healing of the fracture. There was also no change in the patient's presentation or function that would warrant new x-rays.