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| Case Number: | CM13-0025147 | | |
| Date Assigned: | 11/20/2013 | Date of Injury: | 05/28/2009 |
| Decision Date: | 01/06/2014 | UR Denial Date: | 08/15/2013 |
| Priority: | Standard | Application Received: | 09/17/2013 |

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 Radiology and is licensed to practice in 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.

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 male who reported an injury on 05/28/2009. His symptoms include left ankle and left foot pain. Objective findings include pain with stressing of the left ankle, tenderness to palpation of the phila fascia, medial arch, and left calcaneous. His diagnoses were noted as left ankle non-union fracture of the distal fibula. The patient was noted to have had multiple previous x-rays and an MRI which revealed an osteochondral defect which is noted to require surgery. It was noted that the patient's surgery has been delayed due to his cardiac condition. The patient was seen on 08/08/2013 by [REDACTED]. On that date, the patient underwent x-rays of the left ankle which revealed separated osteochondral fragment over the medial dorsum of the talus with no obvious evidence of fibular fracture and a CT of the left ankle was recommended. In his medical evaluation note, dated 08/29/2013, [REDACTED] stated that the patient had reached maximum medical improvement until he is able to have surgery, which was noted to be one year after his stent placement.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan, left ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic)..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Computed tomography (CT)..

Decision rationale: The patient's diagnoses were noted as left ankle non-union fracture of the distal fibula. The patient was noted to have had multiple previous x-rays and an MRI which revealed an osteochondral fracture which is noted to require surgery. It was noted that the patient's surgery has been delayed due to his cardiac condition. A CT scan of the left ankle was recommended on 08/08/2013. In his medical evaluation note, dated 08/29/2013, the provider stated that the patient had reached maximum medical improvement until he is able to have surgery, which was noted to be one year after his stent placement. Official Disability Guidelines recommend CT scans to further evaluate bony masses and suspected fractures not clearly identified on radiographic window evaluation. The patient's x-rays performed on 08/08/2013 revealed a separated osteochondral fragment over the medial dorsum of the talus which was diagnostic in nature. There was no documentation stating the reason why further imaging, in the form of CT, was indicated as there was not documented change in the patient's condition. The request for a CT scan of the left ankle between 8/8/13 and 10/13/13 is not medically necessary and appropriate.