

<b>Case Number:</b>	CM13-0041850		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	07/08/2012
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2013

### 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 and Rehabilitation and is licensed to practice in Oklahoma 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 36 year old male who reported a work-related injury on 07/08/2012, as a result of strain to the right foot. The patient is status post a right foot surgery excision of fracture fragment with repair of the peroneus brevis tendon, with postoperative pain noted, specific date of procedure not noted. MRI of the right ankle dated 11/01/2013, signed by [REDACTED], revealed: (1) a surgical artifact at the base of the fifth metatarsal; this may be due to prior fracture or peroneus brevis tendon repair; (2) a lax appearance of anterior talofibular ligament; this may be due to a chronic tear; (3) marked tendinosis of the distal tibialis posterior tendon; and (4) an os trigonum and an os supranaviculare were present. Clinical note dated 11/08/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient continues to present with cervical spine, low back, and left lower extremity pain rated at a 5/10, the patient additionally reports 10/10 right foot pain. The provider documents exam of the right foot/ankle revealed tenderness upon palpation and swelling over the lateral malleolus. Manual motor testing revealed 4/5 strength with dorsiflexion, plantar flexion, inversion, and eversion. The provider documented range of motion was restricted secondary to pain, with dorsiflexion at 10 degrees, plantar flexion 30 degrees, inversion 20 degrees, eversion 10 degrees. The provider reviewed MRI of the patient's right foot/ankle dated 11/01/2013. The provider requested an authorization for CT scan of the right foot, as well as x-rays.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urgent CT scan, Right foot:** 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 and Foot Chapter, Online Edition, Computed tomography (CT).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Disability Guidelines (ODG) Foot and Ankle chapter.

**Decision rationale:** The current request is not supported. Clinical documentation submitted for review reports the patient continues to present with significant right foot/ankle pain complaints, status post a work-related injury sustained on 07/12/2012, and subsequent surgical interventions performed in 11/2012 to the right fifth metatarsal. The clinical notes document the patient has undergone both x-ray of the right foot/ankle, as well as MRI. The patient's x-rays performed on 12/09/2013 revealed postoperative changes at the base of the fifth metatarsal, otherwise a negative right foot, perhaps with a mild hallux valgus. The provider requested a CT of the patient's right ankle/foot, as well as 3-view x-rays. The current request is not supported. The clinical documentation submitted for review fails to evidence a specific rationale for further imaging of the patient's right ankle/foot. Official Disability Guidelines indicate CT provides excellent visualization of bone, and is used to further evaluate bony masses in suspected fractures not clearly identified on the radiographic Wendell evaluation. 3 view x-rays of the patient's right foot performed on 12/09/2013, signed by [REDACTED], revealed postoperative changes at the base of the fifth metatarsal; however, otherwise a negative right foot with perhaps a mild hallux valgus. Given all the above, the request for urgent CT scan of the right foot is not medically necessary or appropriate.