

Case Number:	CM13-0049758		
Date Assigned:	12/27/2013	Date of Injury:	12/24/2007
Decision Date:	02/28/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	11/08/2013

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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic ankle, knee, and low back pain reportedly associated with an industrial injury of December 24, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers and various specialties; and extensive periods of time off of work. In a utilization review report of October 4, 2013, the claims administrator denied a request for ankle x-ray. An earlier clinical progress note of October 31, 2013 is notable for comments that the claimant reports persistent foot and ankle pain. He also has hypersensitivity about the knee and reports low back pain radiating to the leg. The claimant also has pain about the sole endorsement of the foot. X-rays of the foot reveal a fairly large bone spur, it is further noted. An earlier note of October 5, 2013 was notable for comments that the claimant reported persistent 8/10 low back and ankle pain. The claimant's case and care were complicated by comorbid diabetes, it is incidentally noted. Repeat ankle x-rays were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the right ankle: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition Ankle & Foot Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

Decision rationale: As noted in the ACOEM Guidelines, imaging may be indicated to clarify the diagnosis and assist in reconditioning in those applicants with continued limitation of activity after four weeks of symptoms and unexplained findings such as effusion or localized pain. In this case, the progress note referenced above do establish the presence of persistent ankle and foot complaints with associate tenderness and unexplained pain about the sole and dorsal aspects of the foot and ankle. X-rays to definitively clarify the diagnosis and explain the findings were indicated. Accordingly, the request is medically necessary and appropriate.