

<b>Case Number:</b>	CM13-0062369		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/18/2010
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 Pain Management, has a subspecialty in Interventional Spine 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 patient is a 31-year-old male with date of injury of 08/18/2010. The listed diagnoses per [REDACTED] dated 11/01/2013 are: (1) Possible complex regional syndrome, (2) Right tibialis tendonitis, (3) S/P right peroneus brevis and excision of os trigonum, 2010, (4) S/P extensive arthroscopic debridement, right subtalar arthrotomy; right peroneus brevis tenosynovectomy; right sural neurolysis; right sural nerve neurectomy; implantation of right sural nerve into muscle, 2012. (5) Agreement for controlled substance prescriptions is reviewed and signed 11/01/2013. According to progress report dated 11/01/2013 by [REDACTED], the patient complains of right ankle and foot pain. He rates his pain 3/10 at rest and 6-7/10 at its worst. He describes his pain as cramping, shooting, sharp, and intermittent. Prolonged weight bearing such as standing and walking aggravate his condition and rest alleviate his pain. The patient reports that the pain does interfere with his activities of daily living mainly with working outside on flat ground in addition to climbing stairs and prolonged standing. He is currently on modified duty but is now unemployed. Physical examination shows gait is antalgic on the right with mild swelling over the right ankle. Right foot and ankle surgical site is well healed with no signs of infection. There is no ecchymosis or erythema. No changes in skin temperature or neither hair nor nail changes or coloration of the skin. Range of motion is decreased on the right. Motor strength is intact, hyperpathic, and allodynic in the right medial and lateral ankle. Decreased patient effort with right ankle testing due to pain complaints. The treater is requesting an x-ray of the right ankle for patchy osteoporosis for complex regional pain syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray exam of ankle:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome (CRPS) Page(s): 35. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines

**Decision rationale:** This patient presents with chronic ankle and foot pain. The treater is requesting for an x-ray of the right ankle for patchy osteoporosis for complex regional pain syndrome. Utilization review dated 11/20/2013 denied the request stating that if the triple phase bone scan came back with positive results, x-rays would not be necessary to utilize in identifying patchy osteoporosis. MTUS and ACOEM are silent with regards to this request; therefore, an alternative guideline was utilized. ODG Guidelines for radiography of the ankles states that "it is recommended if a fracture is considered or if radiographic evaluation shows an onset of swelling and bruising. Plain films are routinely obtained to exclude arthritis, infection, or neoplasm." Review of records show that the patient's last MRI of the right ankle was from 12/21/2011 showing mild chronic plantar fasciitis longitudinal split partial tear peroneus brevis tendon with surrounding tenosynovitis, chronic anterior talofibular, and calcaneal fibular ligament tears. Bone scan dated 11/26/2013 of the right foot joint shows no evidence of three phase positivity to suggest infection or CRPS. The treater has asked for X-rays for the diagnosis of CRPS. However, CRPS does not require X-rays particularly when bone scan is negative. Reading MTUS (starting page 35) regarding diagnosis of CRPS, X-ray finding is not mentioned as one of its criteria in any of the number of diagnostic criteria. CRPS is a clinical diagnosis. Recommendation is for denial.