

Case Number:	CM14-0004416		
Date Assigned:	02/05/2014	Date of Injury:	05/22/2013
Decision Date:	10/02/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/13/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Mississippi. 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 expert 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 claimant is a 59-year-old male who was injured on May 22, 2013. The current diagnoses include right calcaneus fracture and regional sympathetic dystrophy of the right foot. A subsequent progress note dated January 14, 2014 indicates an MRI of the right ankle was obtained and demonstrate no significant findings on examination and there is swelling and discoloration of the right foot with almost no range of motion of the right ankle joint. The claimant has complaints of constant burning in the right foot as well. The MRI is documented as demonstrating a healed right calcaneus fracture and imparial tearing 1st tendinopathy the right distal Achilles tendon. The utilization review in question was rendered on December 30, 2013. The request for bone density scan, CBC, conference of chemistry panel, and electrodiagnostic studies were not approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

BONE DENSITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain, CRPS diagnostic testing

Decision rationale: The MTUS and ACOEM do not address the topic of CRPS diagnostic testing. The ODG indicates that triple phase bone scans are recommended only for select patients in early stages of complex regional pain syndrome as a confirmation of diagnosis, but routine use is not recommended. Based on the clinical documentation provided, the diagnosis of complex regional pain syndrome has already been made. Given that the diagnosis of complex regional pain syndrome has already been made, the requested triple phase bone scan is considered not medically necessary.

EMG/NCS OF BILATERAL LOWER EXTREMITIES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain, CRPS diagnostic testing

Decision rationale: The MTUS and ACOEM do not address the topic of CRPS diagnostic testing. The ODG recommends the use of nerve conduction velocity studies to investigate the presence of nerve injury/neuropathy and differentiate between CRPS 1 and 2. Based on the clinical documentation provided, the diagnosis of complex regional pain syndrome has been made, but differentiation between type I and type II has not been confirmed. As such, this requested diagnostic investigation is considered medically necessary.

COMPREHENSIVE CHEMISTRY PANEL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain, CRPS diagnostic testing

Decision rationale: The MTUS and ACOEM do not address the topic of CRPS diagnostic testing. The ODG does not recommend use of a comprehensive chemistry panel in the diagnostic testing for CRPS. Exceptional factors warranting deviation from the guidelines have not been provided. As such, the requested laboratory study is considered not medically necessary.

COMPLETE BLOOD COUNT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain, CRPS diagnostic testing

Decision rationale: The MTUS and ACOEM do not address the topic of CRPS diagnostic testing. The ODG does not recommend use of a CBC in the diagnostic testing for CRPS.

Exceptional factors warranting deviation from the guidelines have not been provided. As such, the requested laboratory study is considered not medically necessary