

Case Number:	CM14-0004974		
Date Assigned:	01/24/2014	Date of Injury:	04/27/2010
Decision Date:	06/24/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/14/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 injured worker is a 55-year-old female who reported an injury on 04/27/2010 from a trip. Within the surgical consultation dated 07/20/2013, the injured worker has a reported unofficial CT scan on 05/2013 which reportedly revealed a complete nonunion of the second TMP joint arthrodesis. In the clinical note dated 01/09/2014, the injured worker reported a mild improvement in symptoms but still had limitations in her activities of daily living. The physical examination revealed tenderness to palpation over the bony mass of the anterior distal tibia just proximal to the ankle. No symptoms at the TMP joints. Diagnoses include sprain and strain of the foot, trauma arthritis of the ankle and foot, and stress fracture. X-rays were ordered during the appointment with 3 views of the right ankle. The imaging revealed increased bone callous around the distal tibial stress fracture. The physician was unable to confirm complete union of the fracture. The request for authorization was not provided within the submitted medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT SCAN OF RIGHT ANKLE/FOOT 73700: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ANKLE AND FOOT COMPLAINTS , CHAPTER 14 ANKLE AND FOOT COMPLAINTS ,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

Decision rationale: The request for a CT scan of the right ankle/foot is certified. The American College of Occupational and Environmental Medicine (ACOEM) Guidelines state routine testing and special imaging studies are not recommended during the first month of activity limitation, except when a red flag notes on history or examination raises suspicion of a dangerous foot or ankle condition or of referred pain. Moreover, the Official Disability Guidelines state CT provides excellent visualization of bone and is used to further evaluate bony masses and suspected fractures not clearly identified on radiographic window evaluations. During the clinical visit on 01/09/2014, the injured worker underwent 3 x-rays. The physician was not able to ascertain whether there was complete union of the fracture. As such, as the injured worker underwent a surgical procedure in 08/2012 which consisted of second tarsal/metatarsal arthrodesis and there is suspicion for incomplete fusion, the CT is supported by the guidelines. Thus, the request is certified.