

<b>Case Number:</b>	CM14-0012866		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	08/27/2007
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 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 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:

Patient is a 40-year-old male who has submitted a claim for left foot / ankle sprain contusion associated with an industrial injury date of 08/27/2007. Medical records from 2013 were reviewed. Patient complained of left foot / ankle pain and swelling with sharp shooting sensation. Patient likewise felt loose body sensation at left ankle. He reported exacerbation of pain symptoms due to weather changes. Physical examination revealed swelling and antalgic gait. No instability was noted. There was no neurologic deficit. MRI of the left ankle, dated 11/12/2012, revealed mildly attenuated anterior tibia-fibula and anterior talofibular ligaments that could be congenital or related to prior mild sprain injuries. Both ligaments remained at least partially intact. Treatment to date has included home exercise program, and medications such as Skelaxin, ibuprofen, and Tylenol. Utilization review from 01/23/2014 denied the retrospective requests for x-rays of the left foot, left ankle, left heel, and left tibia because there was no documentation that these requests were ordered, requested or performed between 12/06/2013 to 12/09/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for x-rays of the left foot:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** CA MTUS ACOEM states that routine testing, i.e., plain-film radiographs of the foot or ankle are not recommended during the first month of activity limitation, except when a red flag noted on history or examination raises suspicion of a dangerous foot or ankle condition or of referred pain. In this case, patient complained of left foot / ankle pain and swelling with sharp shooting sensation. Patient likewise felt loose body sensation. Physical examination revealed swelling. However, patient only complained of exacerbation of pain symptoms due to weather changes. There was no recent injury or trauma that may warrant radiographic imaging. Furthermore, the progress report which included a treatment plan for x-ray was not included in the records submitted for review. There is no compelling rationale for this request. Therefore, the retrospective request for x-rays of the left foot is not medically necessary.

**Retrospective request x-rays of the left ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** CA MTUS ACOEM states that routine testing, i.e., plain-film radiographs of the foot or ankle are not recommended during the first month of activity limitation, except when a red flag noted on history or examination raises suspicion of a dangerous foot or ankle condition or of referred pain. In this case, patient complained of left foot / ankle pain and swelling with sharp shooting sensation. Patient likewise felt loose body sensation. Physical examination revealed swelling. However, patient only complained of exacerbation of pain symptoms due to weather changes. There was no recent injury or trauma that may warrant radiographic imaging. Furthermore, the progress report which included a treatment plan for x-ray was not included in the records submitted for review. There is no compelling rationale for this request. Therefore, the retrospective request for x-rays of the left ankle is not medically necessary.

**Retrospective request x-rays for the left heel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** CA MTUS ACOEM states that routine testing, i.e., plain-film radiographs of the foot or ankle are not recommended during the first month of activity limitation, except when a red flag noted on history or examination raises suspicion of a dangerous foot or ankle condition or of referred pain. In this case, patient complained of left foot / ankle pain and swelling with sharp shooting sensation. Patient likewise felt loose body sensation. Physical

examination revealed swelling. However, patient only complained of exacerbation of pain symptoms due to weather changes. There was no recent injury or trauma that may warrant radiographic imaging. Furthermore, the progress report which included a treatment plan for x-ray was not included in the records submitted for review. There is no compelling rationale for this request. Therefore, the retrospective request for x-rays of the left heel is not medically necessary.

**Retrospective request x-rays of the left tibia:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** CA MTUS ACOEM states that routine testing, i.e., plain-film radiographs of the foot or ankle are not recommended during the first month of activity limitation, except when a red flag noted on history or examination raises suspicion of a dangerous foot or ankle condition or of referred pain. In this case, patient complained of left foot / ankle pain and swelling with sharp shooting sensation. Patient likewise felt loose body sensation. Physical examination revealed swelling. However, patient only complained of exacerbation of pain symptoms due to weather changes. There was no recent injury or trauma that may warrant radiographic imaging. Furthermore, the progress report which included a treatment plan for x-ray was not included in the records submitted for review. There is no compelling rationale for this request. Therefore, the retrospective request for x-rays of the left tibia was not medically necessary.