

<b>Case Number:</b>	CM14-0126676		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	07/30/2013
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 and Rehabilitation 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:

The injured worker is a 40 year old female who reported a date of injury of 07/30/2013. The mechanism of injury was reported as a trip. The injured worker had diagnoses of metatarsal fracture and foot pain. Prior treatments included rest, NSAID's and physical therapy. The injured worker had an x-ray of the left foot on 02/30/2014 with official findings indicating diffuse osteoporosis consistent with possible rheumatoid arthritis and with no evidence of a fracture, and an MRI on 06/19/2014 with official findings indicating degenerative/stress-related changes at the mid foot without evidence of acute fractures. Surgeries were not indicated within the medical records received. The injured worker had complaints of pain in the left foot and the 2nd left metatarsal. The clinical note dated 06/23/2014 indicated the injured worker had normal neurological sensations, muscle testing was 5/5 in all muscles and range of motion was full and without pain. The injured worker was noted to have pain upon palpation of the dorsum of the left foot and 2nd metatarsal, as well as edema. Medications included Ibuprofen. The treatment plan included the physician's recommendation for the injured worker to bear partial weight as tolerated and physical therapy. The rationale and request for authorization form were not provided within the medical records received.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT Scan left foot:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Computed Tomography

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & foot, Computed tomography.

**Decision rationale:** The request for a CT scan of the left foot is not medically necessary. The injured worker had complaints of left foot and ankle pain. The California MTUS/ACOEM guidelines indicate most cases presenting with true foot and ankle disorders, special studies are usually not needed until after a period of conservative care and observation. The Official Disability Guidelines further state the use of CT is recommended. CT provides excellent visualization of bone and is used to further evaluate bony masses and suspected fractures not clearly identified on radiographic window evaluation. The injured worker is noted to have full range of motion without pain and intact sensation to her left foot with edema and pain upon palpation of the dorsum and 2nd metatarsal of the left foot. The injured worker is noted to have had an x-ray and MRI indicating osteoporosis. There is a lack of documentation indicating the injured worker has a fracture to the left foot which required further evaluation. The requesting physician's rationale for the request is not indicated within the provided documentation. As such, the request is not medically necessary.