

Case Number:	CM14-0131251		
Date Assigned:	08/20/2014	Date of Injury:	07/14/2000
Decision Date:	09/25/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/15/2014

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 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 64-year-old male who sustained an industrial injury on 7/14/2000 from a motor vehicle accident. He has been complaining of painful right medial ankle and heel with pain radiating into the heel. He underwent a C5-C7 fusion and right tarsal tunnel release on 6/3/11. He was treated with medications, physical therapy, cortisone injections to the right foot and the use of foot orthotic. Most recent follow-up visit from 7/17/14 suggested that the patient presented with complaints of cervical, right hand/wrist and right ankle/foot pain. On 5/28/14: there was pain to palpation on the right ankle at the medial aspect with tingling on percussion; pain at the medial plantar fascia and medial tubercle of the calcaneal tuberosity; pain with end ROM of the right ankle. Diagnoses: Tarsal tunnel, pain in limb, ankle instability and flare up of right heel and ankle. The request for right foot/ankle x-ray was denied due to lack of medical necessity on 7/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right foot/ankle x-ray: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and foot.

Decision rationale: Per ODG, X-rays of the ankle/foot is indicated in: chronic ankle pain (with suspected osteochondral injury, tendinopathy or instability, and in chronic foot pain with paresthesia along the plantar surface of the foot / toes suspect of having tarsal tunnel syndrome. In this case, the IW has been complaining of painful right medial ankle and heel with pain radiating into the heel, pain to palpation on the right ankle at the medial aspect with tingling on percussion and pain at the medial plantar fascia and medial tubercle of the calcaneal tuberosity and pain with end ROM of the right ankle. Diagnoses: Tarsal tunnel, ankle instability and flare up of right heel and ankle. As such, the criteria for the radiographic imaging are met and thus the request is medically necessary.