MAXIMUS Federal Services

Case Number:	CM14-0150128		
Date Assigned:	09/18/2014	Date of Injury:	03/07/2012
Decision Date:	10/17/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/15/2014

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 patient is a 23-year-old female with a 3/7/12 date of injury. The mechanism of injury was not documented. The diagnoses included crush injury to the toe, and ankle sprain. 8/12/14 office note documented that if x-ray of the left toe was normal and there was no pathology evident, the patient could be placed on permanent and stationary status.7/30/14 Progress report documented that the patient had pain in the left first toe rated at 1-2/10. Medications and TENS helped with the pain. Clinically, there was tenderness to palpation. The treatment plan included continuation of HEP, TENS, and medications. X-rays of the left toe was recommended to rule out osteoarthritis, fracture or joint derangement.7/26/13 Electrodiagnostic studies were normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray left toe, qty: 1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Ankle & Foot Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 1043.

Decision rationale: CA MTUS ACOEM states that for patients with continued limitations of activity after four weeks of symptoms and unexplained physical findings, imaging may be indicated to clarify the diagnosis and assist reconditioning. Stress fractures may have a benign appearance, but point tenderness over the bone is indicative of the diagnosis and a radiograph or a bone scan may be ordered. The patient has had a 2-year history of injury but still persists with left first toe pain accompanied by tenderness to palpation. Considering the patient's young age, healing should have been faster. Further investigation as to why the pain and tenderness persist is warranted. Hence, an x-ray of the left first toe is medically necessary.