

Case Number:	CM14-0150904		
Date Assigned:	09/19/2014	Date of Injury:	04/17/2014
Decision Date:	11/10/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/16/2014

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 patient is a 16 year old with an injury date on 4/17/14. Patient complains of intermittent mild to moderate left ankle pain/weakness per 7/18/14 report. An MRI of the left ankle on 4/25/14 showed an oblique tear of the distal fibula, a complete tear of the anterior/posterior tibiofibular ligament. Based on the 7/18/14 progress report provided by [REDACTED] the diagnosis is status post surgery, left ankle. Exam on 7/18/14 showed "well healed scar over left ankle on medial side over medial malleolus. There is restricted range of motion of right ankle/foot. Increased swelling in left ankle/foot and lower leg, and decreased sensation over left ankle/heel." Patient's treatment history includes physical therapy. [REDACTED] is requesting decision for CT left ankle. The utilization review determination being challenged is dated 8/6/14. [REDACTED] is the requesting provider, and he provided treatment reports from 4/16/14 to 7/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Left Ankle: Overturned

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

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

Decision rationale: This patient presents with left ankle pain and is s/p ORIF left ankle from 5/1/14. The treater has asked for decision for CT left ankle on 7/18/14. A review of the reports does show any evidence of an ankle CT being done in the past. Regarding CT scans for the Ankle, ACOEM states an ankle radiographic series is indicated if the patient is experiencing any pain in the: malleolar area, midfoot area, and if there is rapid onset of swelling and bruising; if patient's age exceeds 55 years; if the injury is high velocity; in the case of multiple injury or obvious dislocation/subluxation; or if the patient cannot bear weight for more than four steps. In this case, the patient has ongoing pain over the medial malleolus, and ACOEM states that a CT scan is indicated for this type of condition. The patient is status post ORIF (Open Reduction and Internal Fixation) of the ankle as well and an evaluation with a CT scan appears reasonable. Recommendation is for authorization.