

Case Number:	CM14-0186096		
Date Assigned:	11/14/2014	Date of Injury:	01/27/2001
Decision Date:	12/22/2014	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/07/2014

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 Pain Management, has a subspecialty in Interventional Spine 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 53 year old male with an injury date of 01/27/01. Based on the 10/02/14 progress report provided by treating physician, the patient complains of left calf pain. Patient has been limping with pain at posterior left calf for 4 weeks. Physical examination revealed tenderness at left calf at junction of Achilles tendon and gastrocnemius. Poor motor strength noted. Per Request for Authorization form dated 10/13/14, the request is for CT Scan left achilles for the diagnosis of pain left calf, rule out ruptured left achilles. Diagnosis 10/02/14- avascular necrosis left hip- Degenerative joint disease left hip- status post total hip replacement. The utilization review determination being challenged is dated 10/20/14. The rationale is "...tendon dysfunction is best imaged by MRI and ultrasound as opposed to plain film and/or CT scan." Treatment reports were provided from 06/24/13 - 10/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 CT scan or ultrasound of the left achilles between 10/2/2014 and 12/28/2014.: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Orthopaedic Surgeons Clinical Practical Guideline.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic) Chapter states: Computed tomography (CT)

Decision rationale: The patient presents with left calf pain. The request is for prospective request for 1 CT scan or ultrasound of the left achilles between 10/02/14 and 12/28/14. Per diagnosis dated 10/02/14, the patient is status post total hip replacement due to avascular necrosis left hip and degenerative joint disease. Physical examination on 10/02/14 revealed tenderness at left calf at junction of Achilles tendon and gastrocnemius. Poor motor strength noted. ODG-TWC, Ankle & Foot (Acute & Chronic) Chapter states: "Computed tomography (CT): 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. ACR Appropriateness Criteria -- Clinical Condition: Chronic Ankle Pain: Suspected osteochondral injury, suspected tendinopathy, suspected ankle instability, Pain of uncertain etiology, and Multiple sites of DJD by plain films, operative candidate." The Utilization Review (UR) letter dated 10/20/14 states "...tendon dysfunction is best imaged by MRI and ultrasound as opposed to plain film and/or CT scan." Per Request for Authorization form dated 10/13/14, the request is for "CT Scan (L) achilles for the diagnosis of pain (L) calf, rule out ruptured (L) achilles." Per the treating physician report dated 10/02/14, patient came for follow up due to total hip replacement. The treating physician noted patient has been limping with pain at posterior left calf for 4 weeks. There is no record patient had a CT scan of left foot. The request to rule out Achilles tendon is recommended by ODG and meets ACR criteria for suspected tendinopathy. The request is medically necessary and appropriate.