

Case Number:	CM14-0026357		
Date Assigned:	06/13/2014	Date of Injury:	06/03/2011
Decision Date:	07/16/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/03/2014

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 Neurological Surgery 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 54-year-old male injured on June 3, 2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note appears to be the note dated October 3, 2013, and indicates that there are ongoing complaints of lumbar spine pain radiating to the bilateral lower extremities. It was stated that the pain is reduced by medication usage. The physical examination demonstrated tenderness to the lumbar facets bilaterally, and a negative straight leg raise. There was an effusion noted to the right foot. Podiatry note dated August 22, 2013, states that the injured employee had been diagnosed with a Lisfranc's fracture of the foot and that surgery has been requested. A previous x-ray was completed but these results were not mentioned. A request had been made for a CT scan of the right foot and ankle and was not certified in the pre-authorization process on February 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAT SCAN RIGHT FOOT/ANKLE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines.

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), Computed tomography, Updated March 26, 2014.

Decision rationale: A CT scan of the right foot would be helpful for potential upcoming surgery for the injured employees fracture in the foot. However it was stated on February 19, 2014, that the injured employee was not interested in foot surgery due to diabetes. Without having a surgery scheduled, this request for CT scan is not medically necessary.