

Case Number:	CM14-0041317		
Date Assigned:	06/27/2014	Date of Injury:	03/07/2012
Decision Date:	08/18/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/07/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 22 year old employee with date of injury of 3/7/2012. Medical records indicate the patient is undergoing treatment for ankle sprain; crush injury toe; iliofemoral ligament; sprain and strain; and peripheral neuropathy. Subjective complaints include left lower extremity pain (left greater than right) and low back pain. Objective findings include 4/5 strength bilaterally in the lower extremities. Treatment has consisted of transcutaneous electrical nerve stimulation (TENS) unit, home exercise, and physiotherapy. The utilization review determination was rendered on 3/13/2014 recommending non-certification of 1 X-Ray left hip and 1 MRI of the left toe.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 X-Ray left hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ,Hip &Pelvis, X-rays.

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

Decision rationale: ODG Guidelines state that X-rays of the hip are recommended, and Plain radiographs (X-Rays) of the pelvis should routinely be obtained in patients sustaining a severe injury. X-Rays are also valuable for identifying patients with a high risk of the development of hip osteoarthritis. The treating physician has not provided medical documentation to meet the above guidelines and justify an X-Ray of the left hip at this time. As such, the request is not medically necessary

1 MRI (Magnetic Resonance Images) of left toe: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 1043. Decision based on Non-MTUS Citation Official Disability Guidelines Ankle &Foot ,MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, MRI.

Decision rationale: Guidelines state the following indications for imaging: Chronic foot pain, pain and tenderness over navicular tuberosity unresponsive to conservative therapy, plain radiographs showed accessory navicular; Chronic foot pain, athlete with pain and tenderness over tarsal navicular, plain radiographs are unremarkable; Chronic foot pain, burning pain and paresthesias along the plantar surface of the foot and toes, suspected of having tarsal tunnel syndrome; Chronic foot pain, pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspected; Chronic foot pain, young athlete presenting with localized pain at the plantar aspect of the heel, plantar fasciitis is suspected clinically. ACOEM Guidelines state most ankle and foot problems improve quickly once any red-flag issues are ruled out. Routine and special imaging studies are not recommended during the first month of activity limitation, except when a red flag noted on history or examination raises suspicion of a dangerous foot or ankle condition or of referred pain. The treating physician has not provided medical documentation of red flags to meet the above guidelines at this time. As such, the request is not medically necessary.