

Case Number:	CM14-0044056		
Date Assigned:	07/02/2014	Date of Injury:	09/03/2013
Decision Date:	08/13/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/11/2014

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 Occupational 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:

This 47 year old male suffered a crush injury to both feet and ankles on 9/03/13. He had a complex laceration of the left ankle and fractures of both feet. CT scans on 9/03/13 revealed bilateral calcaneal fractures and a fracture of the right navicular bone. He has had persistent swelling, pain and numbness. There has been a diagnosis of possible nerve damage. Follow up x-rays have been negative, but there has not been a medical explanation for the persistent problems.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan, right foot: Overturned

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 (updated 03/26/14).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372,373.

Decision rationale: MTUS Guidelines support CT scanning when detailed evaluation of the bony structures is medically necessary. The prior utilization review did not document the prior CT scan results or extent of injury which included bilateral calcaneal fractures and a navicular

fracture. With the delayed recovery, detailed re-evaluation of the bony structures is medically reasonable to evaluate for early signs of non-union or other injury that x-rays may not be sensitive enough to evaluate. The requested CT scan of the right foot and ankle are medically necessary.

CT scan. left foot: Overturned

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 (updated 03/26/14).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372,373.

Decision rationale: MTUS Guidelines support CT scanning when detailed evaluation of the bony structures is medically necessary. The prior utilization review did not document the prior CT scan results or extent of injury which included bilateral calcaneal fractures and a navicular fracture. With the delayed recovery, detailed re-evaluation of the bony structures is medically reasonable to evaluate for early signs of non-union or other injury that x-rays may not be sensitive enough to evaluate. The requested CT scan of the left foot and ankle are medically necessary.