

<b>Case Number:</b>	CM14-0052564		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	01/21/2002
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Internal Medicine and is licensed to practice in California and Illinois. 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 54 year old male who was injured on 01/21/2002 while unloading pallets from the truck, four pallets fell and one struck his right foot. Diagnostic studies reviewed include CT of lower extremity without contrast dated 12/05/2013 revealed an extensive thickening of the soft tissues on the dorsal aspect of the foot measuring up to 2 cm; chronic osteomyelitis involving first second and third metatarsal and base of fourth metatarsal. Occupational note dated 10/21/2013 noted the patient to have a limp on exam favoring the right lower extremity and uses a cane to assist with ambulation. Left dorsalis pedis, left posterior tibial and bilateral popliteal pulses are palpable. The right dorsalis pedis and right posterior tibial pulses are not palpable due to edema. There is no clubbing, cyanosis or edema noted. The right foot is grossly edematous. He has numerous nodular indurated growths on the sides, dorsum and ties. There are eruptions of open, weeping wounds on the skin covering the nodules. There is bloody serous drainage on his socks and the examination gloves of scant quantity. There is no apparent cellulitis or ascending cellulitis. There are 17 separate lesions identified. Ankle range of motion of the right foot revealed dorsiflexion to 15 degrees; plantar flexion to 50 degrees; eversion to 15 degrees; and inversion to 30 degrees. Progress report dated 02/11/2014 indicates the patient presented with constant pain of the right foot which she rated as 8/10 as least pain and 10/10 as worst pain. She has associated burning and tingling sensation radiating from the ankle to the toes. He states the pain interferes with his sleep pattern. He stated he still a lot of throbbing pain, edema, and erythema. There is no improvement despite years of antibiotic treatment. Exam is unchanged from previous visit. Impression is Madura foot with mycosis, primarily suspicion; awaiting biopsy. Prior utilization review dated 04/01/2014 states the request for Retrospective Lexiscan is denied as documentation does not support the request.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Lexiscan:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Generic name: regadenoson <http://www.drugs.com/pro/lexiscan.html>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.lexiscan.com/>.

**Decision rationale:** CA MTUS and ODG is silent regarding this request. Lexiscan is a substance used intravenously during cardiac stress testing. The guidelines recommend cardiac stress testing when evaluating for potential stress induced cardiac ischemia. The clinical documents did not discuss the cardiac signs/symptoms the patient is experiencing. It is not evident from the clinical documents why cardiac testing was performed. Unnecessary cardiac testing exposes patients to significant radiation and potential false positives that may lead to further invasive testing. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.