

Case Number:	CM14-0057495		
Date Assigned:	07/09/2014	Date of Injury:	11/01/2012
Decision Date:	09/08/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/29/2014

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 Orthopedic Surgery, has a subspecialty in Orthopedic Sports Medicine and is licensed to practice in Texas. 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 39 year old male who sustained injury to the left foot on 11/01/12 while playing football. He developed neck and arm numbness, per the clinical note dated 05/28/14. Since then, he re-developed buzzing into his left arm with associated tingling. The injured worker was prescribed Oxycontin and continued to complain of 5-8/10 on the visual analog pain scale without medications. Physical examination noted lumbar flexion 40 degrees that led to pain, extension 15 degrees that caused left back pain; straight leg raise right at 50 degrees was negative, left at 50 degrees caused left buttock pain with knee flexion reducing it; full strength in the bilateral iliopsoas, quadriceps, tibialis anterior, toe flexors, and extensors; L5-S1 interspace tenderness; bilateral patellar/Achilles reflexes 1+ with toes down-going; and heel/toe walking was noted to be normal. It was noted that the injured worker required 12 visits of combined aquatic/physical therapy. Following completion of the 12 visits of aquatic/physical therapy, he would start a work hardening program. The injured worker was advised to discontinue Oxycontin and Norco, and was advised to continue with Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two x-ray views of the left fifth metatarsal: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and foot chapter, Radiography.

Decision rationale: A previous request was denied on the basis that it does not appear to be warranted or appropriate as a part of the accepted industrial claim. Current objective findings are consistent with the diagnosis; however, there was no nexus between the mechanism of injury and the current symptoms. It was not clear that the current diagnoses are directly or temporally related to the cited mechanism of injury. Records indicate that the injured worker primarily complained of low back pain. There was no indication of a new acute injury or exacerbation of the left foot. Given this, the request for two ray x-ray views of the left fifth metatarsal is not indicated as medically necessary.