

Case Number:	CM14-0077112		
Date Assigned:	07/18/2014	Date of Injury:	12/28/2013
Decision Date:	10/02/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/27/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice Nevada. 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 records presented for review indicate that this 37-year-old gentleman was reportedly injured on December 28, 2013. The mechanism of injury is noted as having a machine close on his right ankle. The most recent progress note, dated May 15, 2014, indicates that there are ongoing complaints of right ankle pain and back pain. The physical examination demonstrated tenderness at the fibula at the side of the prior fracture. There was painful range of motion of the ankle and pain at the ATF and CF ligaments and fusion was noted. Diagnostic imaging studies of the right ankle revealed postoperative changes of the right fibula with internal fixation. A CT scan of the right foot revealed osteopenia. Previous treatment includes right ankle surgery. A request had been made for an x-ray of the lumbar spine, an MRI the lumbar spine, and x-ray of the right foot, and a bone stimulator and was not certified in the pre-authorization process on May 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

X ray lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: A review of the attached medical record indicates that the injured employee is pending in orthopedic consultation. The orthopedic specialty service will then determine what x-rays and MRIs are needed for the injured employee. As such, this request for an x-ray the lumbar spine is not medically necessary.

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: A review of the attached medical record indicates that the injured employee is pending in orthopedic consultation. The orthopedic specialty service will then determine what x-rays and MRIs are needed for the injured employee. As such, this request for an MRI the lumbar spine is not medically necessary.

X rays 3 views right foot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 5th edition (web0 2007, foot Ankle- radiology

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: A review of the attached medical record indicates that the injured employee is pending in orthopedic consultation. The orthopedic specialty service will then determine what x-rays and MRIs are needed for the injured employee. As such, this request for a three view x-ray of the right foot is not medically necessary.

Bone Stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines(ODG) Treatment Index, 9th Edition (web, Treatment in Worker's compensation , 5th edition

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, Bone Growth Stimulators, Updated July 29, 2014

Decision rationale: A review of the attached medical record indicates that the injured employee is pending in orthopedic consultation. The orthopedic specialty service will then determine what x-rays and MRIs are needed for the injured employee. As such, this request a bone growth stimulator is not medically necessary.