

Case Number:	CM14-0085850		
Date Assigned:	07/23/2014	Date of Injury:	10/18/2013
Decision Date:	08/27/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/09/2014

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 Orthopaedic Surgery 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 46-year-old male sustained an industrial injury on 10/18/13. Injury occurred when he jumped from an 8-foot falling ladder. The patient was diagnosed with a displaced right ankle bi-malleolar fracture and underwent open reduction and internal fixation on 10/25/13. The 4/30/14 treating physician report cited residual pain and swelling. The patient was weight bearing as tolerated and working in physical therapy. There was mild tenderness to palpation over the fracture site. X-rays showed satisfactory alignment without evidence of hardware loosening or failure. Fracture lines were still visible over the distal fibula. A CT scan was recommended to assess bone healing of the distal fibula. An MRI was requested to rule-out occult osteochondral lesion of the talus. The 5/6/14 utilization review denied the request for right ankle CT scan as there were no current x-rays or detailed ankle examination to support the medical necessity of additional imaging. The 5/30/14 treating physician reports indicated that the patient had persistent right ankle pain and swelling, and was unable to walk or tolerate physical therapy. There was pain in the area of the distal fibula. Physical exam documented marked tenderness over the fracture site with mild soft tissue swelling. X-rays showed satisfactory alignment without evidence of loosening or failure. There fracture line was still visible over the distal fibula, concerning for non-union. There was a small area of lucency in the medial talar dome, concerning for possible osteochondral defect. The treatment plan included MRI and CT scan to confirm the diagnosis prior to proceeding with revision distal fibula internal fixation with bone grafting and ankle arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computed Tomography (CT) scan without contrast right ankle: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-373. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Computed tomography (CT).

Decision rationale: The California MTUS recommend the use of special imaging studies when a red flag is noted on history or exam that raises suspicion of fracture. The Official Disability Guidelines state that CT provides excellent visualization of bone and is used to further evaluate bony masses and suspected fractures not clearly identified on radiographic window evaluation. Guideline criteria have been met. This patient presents with x-rays and clinical exam findings suspicious for non-union. Therefore, this request for computed tomography (CT) scan without contrast of the right ankle is medically necessary.