

<b>Case Number:</b>	CM14-0171921		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	01/30/2014
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 50 year old male, who sustained an industrial injury on 1/30/2014 after a fall at work. He has reported knee pain. The diagnoses have included other and unspecified derangement of medial meniscus and benign essential hypertension. A progress note, dated 3/17/2014, noted x-rays of the foot showing avulsion fractures at the talar neck, appear to be rounding off consistent with healing avulsion fractures. A progress note, dated 5/01/2014, noted back and right hip pain and prior significant injury to the right hip. Treatment to date has included right knee arthroscopy with partial medial and lateral meniscectomy on 3/21/2014 and conservative measures. Physical therapy notes were submitted, noting 18 visits up to and including 6/25/2014, and noted improvements in pain tolerance and range of motion. Currently, the injured worker complains of pain to the left elbow, right knee, and mid-dorsum of the foot with weight bearing. The knee had positive medial joint line tenderness, no effusion. The foot showed tenderness over the dorsum of the midfoot and no soft tissue swelling. New x-rays of the foot again showed an avulsion fracture at the talar neck and appeared well rounded. A computerized tomography of the right foot was requested to rule out other occult fracture. On 9/18/2014, Utilization Review non-certified a computerized tomography of the right foot, noting this request was for repeat testing and lack of compliance with MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT Scan of the right foot:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ankle & Foot Chapter, Computed Tomography

**Decision rationale:** The patient presents with unrated pain over the mid-dorsum of the foot exacerbated by weight bearing. Patient is status post right knee meniscectomy on 03/21/14, has no documented surgical history directed at foot complaint. The request is for CT SCAN OF THE RIGHT FOOT. Physical examination dated 08/28/14 revealed tenderness to palpation of the dorsum area of the midfoot and notes no soft tissue swelling. The patient is currently not prescribed any medications, takes over the counter NSAIDs for pain. Diagnostic imaging was not included, though progress report 08/28/14 notes X-Ray results obtained during office visit, significant findings include: "AP, lateral, and oblique view of the foot again show an avulsion fracture at the talar neck which is not intra-articular and appears to be well-rounded at this point." Patient is currently classified as P&S, is not working. ODG Guidelines, Ankle & Foot Chapter, under Computed Tomography states the following: "Recommended. CT provides excellent visualization of bone and is used to further evaluate bony masses and suspected fractures not clearly identified on radiographic window evaluation." Progress report dated 08/28/14 indicates that the treater is requesting a CT scan of the right foot "to make sure there is no occult fracture", there is no evidence provided that the patient has had any CT scans of the affected area to date. Furthermore, this patient's significant X-ray findings of a avulsion fracture to the talar neck substantiate additional higher-contrast imaging to fully reveal the extent of injury and rule out occult fracture. Therefore, this request IS medically necessary.