

<b>Case Number:</b>	CM14-0199402		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	03/23/2003
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/28/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

AXIMUS 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 Rehab, has a subspecialty in Interventional spine 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:

The patient is a 43 year old female with the injury date of 03/23/03. Per physician's report 10/06/14, the patient has pain in both of her feet, at 6/10. The patient is currently working. The patient has had steroid injections. The patient had a MRI on 08/03/12 and the result of the MRI was not provided. The location of MRI was uncertain. The patient has been on Lyrica and Plaquenil. The lists of diagnoses are: 1) Arthralgias 2) Bursitis 3) Chronic pain 4) Positive ANA 1:1280 Homog 5) Plantar Fasciitis bilaterally 6) Tarsal tunnel syndrome bilaterally. The orthotics were further modified by lowering the medial longitudinal arch and applying an extra layer of cushion padding to relieve direct compression on the plantar nerves. Per 07/14/14 progress report, the patient reports having the same pain in the both of her feet. The patient has "significant limitations in activities of daily living, including severely limited social and recreational activities." The utilization review determination being challenged is 10/30/14. Treatment reports were provided from 01/29/14 to 10/06/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray Left Foot 2 views:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic) chapter, Radiography

**Decision rationale:** The patient presents with pain in both of his feet. The request is for X-RAYS of the Left foot 2 views. MTUS guidelines do not discuss X-rays. ACOEM guidelines Special studies and diagnostic and treatment considerations: Chapter: 14, page 372-374: 178279 supports X-rays in the case of 1) tenderness at the posterior edge or tip of the lateral/ medial malleolus, 2) inability to bear weight both immediately and in the emergency department 3)tenderness at the base of the fifth metatarsal or at the navicular bone 4) rapid onset of swelling and bursing; if the patient is over 55; if the injury is high velocity 5) multiple injury or obvious dislocation/subluxation; or the patient cant' weight for more than 4 steps.ODG supports X-ray in the case of A. Suspected ankle injury in patient meeting Ottawa Rules:1) Inability to bear weight immediately after the injury,2) Point tenderness over the medial malleolus, or the posterior edge or inferior tip of the lateral malleolus or talus or calcaneus,3) Inability to ambulate for four steps in the emergency roomB. Chronic ankle pain, suspected osteochondral injury, initial studyC. Chronic ankle pain, suspected tendinopathy, initial studyD. Chronic ankle pain, suspected ankle instability, initial studyE. Chronic ankle pain, pain of uncertain etiology, initial studyF. Chronic foot pain, suspected to have Reiter's disease and complains of heel pain and swollen toesG. Chronic foot pain, burning pain and paresthasias along the plantar surface of the foot and toes, suspected of having tarsal tunnel syndromeH. Chronic foot pain, pain and tenderness over head of second metatarsal, rule out Freiberg's diseaseI. Chronic foot pain, pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspectedJ. Chronic foot pain, young athlete presenting with localized pain at the plantar aspect of the heel, plantar fasciitis is suspected clinically, but X-rays are not routinely recommended in the working population In this case, the treater does not indicate why X-ray of the left foot is being requested. There are no reports that specifically discuss this request. However, the patient appears to have not had X-ray in the past. The request is medically necessary.

**X-ray Right Foot 2 views:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic) Chapter, Radiography

**Decision rationale:** The patient presents with pain in both of his feet. The request is for X-RAYS of the Left foot 2 views. MTUS guidelines do not discuss X-rays. ACOEM guidelines Special studies and diagnostic and treatment considerations: Chapter: 14, page 372-374: 178279 supports X-rays in the case of 1) tenderness at the posterior edge or tip of the lateral/ medial malleolus, 2) inability to bear weight both immediately and in the emergency department 3)tenderness at the base of the fifth metatarsal or at the navicular bone 4) rapid onset of swelling and bursing; if the patient is over 55; if the injury is high velocity 5) multiple injury or obvious

dislocation/subluxation; or the patient can't weight for more than 4 steps. ODG supports X-ray in the case of A. Suspected ankle injury in patient meeting Ottawa Rules: 1) Inability to bear weight immediately after the injury, 2) Point tenderness over the medial malleolus, or the posterior edge or inferior tip of the lateral malleolus or talus or calcaneus, 3) Inability to ambulate for four steps in the emergency room. B. Chronic ankle pain, suspected osteochondral injury, initial study. C. Chronic ankle pain, suspected tendinopathy, initial study. D. Chronic ankle pain, suspected ankle instability, initial study. E. Chronic ankle pain, pain of uncertain etiology, initial study. F. Chronic foot pain, suspected to have Reiter's disease and complains of heel pain and swollen toes. G. Chronic foot pain, burning pain and paresthesias along the plantar surface of the foot and toes, suspected of having tarsal tunnel syndrome. H. Chronic foot pain, pain and tenderness over head of second metatarsal, rule out Freiberg's disease. I. Chronic foot pain, pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspected. J. Chronic foot pain, young athlete presenting with localized pain at the plantar aspect of the heel, plantar fasciitis is suspected clinically, but X-rays are not routinely recommended in the working population. In this case, the treater does not indicate why X-ray of the left foot is being requested. There are no reports that specifically discuss this request. However, the patient appears to have not had X-ray in the past. The request is medically necessary.