

Case Number:	CM14-0208334		
Date Assigned:	12/22/2014	Date of Injury:	12/08/2012
Decision Date:	02/17/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/12/2014

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 Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 year old with a work injury dated . The diagnoses include low back pain, lumbar sprain/strain, rule out lumbar radiculopathy, right knee sprain/strain rule out joint derangement, right foot sprain/strain rule out internal derangement. Under consideration is a request for retro:x-ray of the right foot. There is a 5/23/14 document that states that the patient complains of low back pain, burning right knee pain and burning right foot pain. The pain is a 7/10. The patient rates the pain as 7/10, on a pain analog scale. Her pain is described as constant, moderate to severe. The pain is aggravated with squatting, kneeling, ascending or descending stairs, prolonged positioning including weight bearing, standing, and walking. On exam there is tenderness to palpation at dorsal aspect of the right foot. There is also tenderness at the calcaneus. Slightly decreased sensation to pin-prick and light touch at the L4,L5 and S1, dermatomes in the right lower extremity. Motor strength is 4/5 in all the represented muscle groups in the bilateral lower extremities. Deep tendon reflexes are 2+ and symmetrical in the bilateral lower extremities. The treatment plan includes x-rays of the lumbar spine, right knee and foot; physical therapy for the lumbar spine, right knee and foot, shockwave therapy to the right knee and foot; lumbar spine MRI, MRI of the right foot and knee; EMG/NCS of the bilateral lower extremities; LINT; Terocin patches, and multiple medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: X-ray of right foot.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 367-368. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and foot- Radiography.

Decision rationale: Retro x-ray of the right foot is not medically necessary per the MTUS ACOEM Guidelines and the ODG. The MTUS states that for nonspecific foot pain no x-ray is needed. The MTUS states that the examination may further reinforce or reduce suspicions of tumor, infection, tendon rupture, metabolic disorder, fracture, or dislocation. The ODG states that foot x-rays can be ordered for chronic foot pain, suspected to have Reiter's disease; tarsal tunnel syndrome; Freiberg's disease Morton's neuroma or for a young athlete presenting with localized pain at the plantar aspect of the heel and plantar fasciitis is suspected clinically. In this case X-rays are not routinely recommended in the working population. The documentation does not reveal a red flag condition or any of the conditions the ODG recommends to have a foot x-ray. The request for retro x-ray of the right foot is not medically necessary.