

<b>Case Number:</b>	CM15-0007843		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	03/21/2014
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 38 year old male, who sustained an industrial injury on 3/21/2014. PR2 dated 12/4/14 noted on examination of the left/ankle revealed marked hypersensitivity to the lower leg. No evidence of swelling on examination, there was dry skin noted in the leg versus the right limb. He had moderate tenderness to palpation over the ankle. He had decreased range of motion in the subtalar endomortise joints. The injured worker ambulates favoring the left lower extremity. X-rays of the left tibia and fibula revealed no fracture or infection. The injured workers work status was to continue on temporarily totally disabled. The diagnoses have included left ankle sprain/strain, per X-rays dated 6/3/14; left leg contusion in the skin; possible early complex regional pain syndrome, per X-rays dated 12/4/14. According to the utilization review performed on 12/30/2014, the requested Pamelor 10/25mg #60 and Lidoderm patches 5% has been certified. The request for X-ray of the left knee and fibula, bone scan of left lower leg and diagnostic ultrasound of left ankle has been non-certified. The ODG were utilized as the MTUS guidelines did not contain the appropriate information specified in this case. Criteria/Guidelines Applied for radiography (X-rays) knee/leg, ultrasound, ankle and foot, pamelor, lidocaine patches and ODG for pain were used.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray of the left knee and fibula:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

**Decision rationale:** According to MTUS guidelines, X- ray of the knee is recommended in case of patello femoral syndrome. There is no documentation of left knee patella-femoral dysfunction in this case. Therefore, the request is not medically necessary.

**Bone scan of left lower leg:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bone scan (imaging)

**Decision rationale:** According to ODG guidelines, Bone scan (imaging) "Recommended after total knee replacement if pain caused by loosening of implant suspected. In pain after total knee arthroplasty, after a negative radiograph for loosening and a negative aspiration for infection, a bone scan is a reasonable screening test. Evaluation of 80 bone scans in patients with symptomatic TKAs found that the method distinguished abnormal patients (loosening or infection) from normal ones with a sensitivity of 92%. (Weissman, 2006)" There is no clear evidence that the patient developed pain from total knee arthroscopy, infection and loosening of implant. There is no clear evidence that the patient developed one of the above conditions. Therefore, the request of bone scan of left lower extremity is not medically necessary.

**Diagnostic ultrasound of left ankle:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377.

**Decision rationale:** According to MTUS guidelines, ultrasonography was not recommended as a radiography modality for ankle disorders. Therefore, the request for left ankle ultrasound is not medically necessary.