

<b>Case Number:</b>	CM15-0103196		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	01/30/2014
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: California  
 Certification(s)/Specialty: Emergency 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 32-year-old male, who sustained an industrial injury on 01/30/2014. According to a progress report dated 04/30/2015, subjective complaints included constant moderate to severe thoracic spine, lumbar spine, right knee and right ankle and foot pain. Diagnostic impression included aftercare for surgery of the musculoskeletal system (right foot) repaired fracture of right foot, lumbar disc displacement without myelopathy, thoracic disc displacement without myelopathy, tear of medial meniscus of the right knee and right ankle sprain/strain. The injured worker completed 9 acupuncture sessions and showed significant functional improvement. Surgical consultation was pending with a podiatric surgeon. A computed tomography scan of the right tibia and right ankle were suggested by the qualified medical examiner to evaluate the efficacy of the surgery and hardware. The injured worker continued to suffer from pain, decreased active range of motion with pain and positive orthopedic tests. The treatment plan included acupuncture and computed tomography scan of the right tibia and right ankle. Currently under review is the request for computed tomography scan of the right ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT Scan 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): 375.

**Decision rationale:** The requested CT Scan Right Ankle is medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 14, Ankle & Foot Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Page 375, recommend imaging studies with documented red flag conditions after failed conservative treatment trials. The injured worker has moderate to severe thoracic spine, lumbar spine, right knee and right ankle and foot pain. Diagnostic impression included aftercare for surgery of the musculoskeletal system (right foot) repaired fracture of right foot, lumbar disc displacement without myelopathy, thoracic disc displacement without myelopathy, tear of medial meniscus of the right knee and right ankle sprain/strain. The injured worker completed 9 acupuncture sessions and showed significant functional improvement. Surgical consultation was pending with a podiatric surgeon. A computed tomography scan of the right tibia and right ankle were suggested by the qualified medical examiner to evaluate the efficacy of the surgery and hardware. The injured worker continued to suffer from pain, decreased active range of motion with pain and positive orthopedic tests. The treating physician has documented persistent pain and positive exam findings despite surgical and post-op treatment. The criteria noted above having been met, CT Scan Right Ankle is medically necessary.