

Case Number:	CM15-0104382		
Date Assigned:	06/08/2015	Date of Injury:	04/03/2012
Decision Date:	07/09/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/01/2015

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: 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 43-year-old female, who sustained an industrial injury on April 3, 2012. She reported left heel and ankle pain. The injured worker was diagnosed as having status post left heel and foot surgery, right foot plantar fasciitis, temporomandibular joint pain secondary to clenching teeth from pain, depression and anxiety. Treatment to date has included radiographic imaging, diagnostic studies, and surgical intervention of the left foot/heel, dental work secondary to clenching teeth in pain, physical therapy, medications and work restrictions. Currently, the injured worker complains of left foot and ankle pain with associated increasing compensatory right foot pain. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on October 16, 2014, revealed continued pain as noted. An antalgic gait was noted. Evaluation on January 28, 2015, revealed continued pain as noted with associated symptoms. It was noted the depression symptoms had increased including anxiety, tension, irritability and depression. Evaluation on April 9, 2015, revealed continued severe pain in the bilateral feet. A computed tomography scan of the left ankle was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Ankle & Foot (Acute & Chronic) (updated 03/26/2015).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): Chapter 14, "Ankle/foot complaints", page 374-375. Decision based on Non-MTUS Citation ODG, Ankle & Foot, Computed tomography (CT), page 13.

Decision rationale: Guidelines state CT scan of the foot and ankle provides a more definitive visualization of bone and is used to further evaluate bony masses and suspected fractures, not identified here. The majority of cases can be successfully treated conservatively, but in cases requiring surgery (eg, plantar fascia rupture in competitive athletes, deeply infiltrating plantar fibromatosis, masses causing tarsal tunnel syndrome), MR imaging is especially useful in planning surgical treatment by showing the exact location and extent of the lesion; however, the imaging study is not recommended as a screening tool, but reserved for more specific diagnoses or plan operative interventions, not presented here. Indications also require normal findings on plain films with suspected osteochondral injury, tendinopathy not identified here. Submitted reports have not adequately demonstrated clear diagnosis with correlating clinical findings to support for guidelines criteria for the CT scan without demonstrated instability, trauma or bony mass defect. The CT scan left ankle is not medically necessary and appropriate.