

<b>Case Number:</b>	CM15-0104462		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	08/14/2008
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Internal 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 46-year-old female who sustained an industrial injury on 08/14/2008. Treatment provided to date has included: physical therapy, injection to the left knee, medications, and surgeries to the right foot/ankle (5). Diagnostic tests performed include: CT scan of the right ankle (12/18/2012) showing mild arthritis at the tibiotalar joint; x-rays of both knees (04/01/2015) right knee genu valgus with minimal degenerative changes, and left knee moderate osteoarthritis in all 3 compartments; and MRI of the right ankle (04/12/2015) showing ankylosis achieved in the hindfoot involving subtalar and Chopart joint, tibiotalar arthritis with localized bone edema and loose body in the anterior recess, and plantar fasciosis and heel pad edema. Comorbid diagnoses included history of hypertension. There were no noted previous injuries or dates of injury. On 04/28/2015, physician progress report noted complaints of persistent pain in the right foot and ankle, and continued pain in the knees with significant flare of symptoms in the contralateral left knee. The injured worker also reports significant flare of symptoms of the right foot and ankle with recent onset of pain and swelling with a recent fall reported. This reportedly resulted in increased pain and swelling which prevented the injured worker from wearing the removable boot due to the swelling. The physical exam revealed well healed surgical incisions, stable fusion of the hind foot, swelling and tenderness over the lateral aspect of the ankle and hind foot, intact pulses, sensation and motor, a substantial limp with ambulation, tenderness in the left knee with swelling and tenderness at the medial joint line and retro-patellar crepitus. The provider noted diagnoses of right ankle and foot pain, right ankle and foot arthritis, right ankle and foot dislocation, and left knee osteoarthritis. Plan of care includes

removable boot foot he right foot and ankle, MRI of the right ankle/talus without contrast, limited bone scan of the right ankle/talus, CT scan of the right hind foot, x-rays of the bilateral knees flexion PA views. The injured worker's work status. Requested treatments include CT scan of the right hind foot. The rational given for this request was a recommendation given by a QME on 2/17/15.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **CT scan of the right hindfoot: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot Chapter, CT.

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

**Decision rationale:** In general, x rays of the foot and ankle should be considered when the patient continues to have limitation in activity after 4 weeks of conservative treatment and when symptoms and unexplained physical findings are encountered. In such cases, imaging may be utilized to clarify diagnosis and to assist in reconditioning. Stress fractures may have a benign presentation but point tenderness could be an indication for an X-ray or bone scan to clarify diagnosis. However, disorders of soft tissue of the ankle or foot yield negative x rays and imaging studies such as MRI's are not warranted. In this patient, multiple studies and treatments have been rendered for symptoms related to the right hind foot. The patient saw a QME on 2/17/15 who recommended a CT scan of the right hind foot and on this basis; the treating Orthopedist is requesting this study. At this point, if the patient's disease process and treatment is still not clarified the patient should be referred to an Orthopedist who specializes in complex problems of the foot and ankle and he should assume the responsibility for further testing or treatment of the foot problem. This request is not medically necessary.