

Case Number:	CM15-0014418		
Date Assigned:	03/16/2015	Date of Injury:	10/06/2014
Decision Date:	04/22/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/26/2015

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 24 year old, male patient, who sustained an industrial injury on 10/06/2014. A primary treating office visit dated 11/24/2014, reported subjective complaint of low back pain, left leg pain, left knee pain and left ankle pain. Objective findings showed left leg with muscle atrophy. Left thigh is positive for slight tenderness. Left ankle showed healed incision at Achilles. Positive tenderness to palpation across the ankle mortise, over medial and lateral malleolar area. There is tenderness over the Achilles tendon and superiorly to the gastrocnemius muscle. He is to remain off from work through 12/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 x-ray series: AP, MO foot, AP LAT ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 14 Ankle and Foot Complaints Page(s): 377.

Decision rationale: According to MTUS guidelines, X ray of the foot and ankle is recommended in case of suspicion of fracture, or injury who have signs identified in Ottawa criteria ankle rule or heel spur. There is no documentation that the patient developed any of the above conditions. Therefore, the request for 1 x-ray series: AP, MO foot, AP LAT ankle is not medically necessary.