

Case Number:	CM15-0135361		
Date Assigned:	07/23/2015	Date of Injury:	10/07/2013
Decision Date:	08/20/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/13/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 71 year old female, who sustained an industrial injury on 10/7/13. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy, thoracic or lumbosacral neuritis or radiculitis, pain in the joint involving the pelvic region and thigh, pain in joint of the lower leg and pain in joint involving the ankle and foot. Treatment to date has included medications, activity modifications, diagnostics and other modalities. Currently, as per the physician progress note dated 3/24/15, the injured worker complains of left ankle pain rated 7/10 on pain scale with stiffness and weakness that radiates to the left leg. The objective findings reveal that the left ankle ranges of motion are painful. McMurray's causes pain and Apley's compression test causes pain. The left ankle ranges of motion are painful with flexion at 30 degrees, extension is 15 degrees, inversion is 20 degrees and eversion is 10 degrees. The diagnostic testing that was performed included computerized axial tomography (CT scan) of the left ankle dated 4/25/15. The current medications included topical creams. The physician requested treatment included CT (computed tomography) of the Left Ankle due to ongoing pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT (computed tomography), Left 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: Ankle & Foot-Computed tomography (CT).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 337.

Decision rationale: The ACOEM chapter on ankle complaints and imaging states: Disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies, e.g., magnetic resonance imaging (MRI). Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. Review of the provided clinical documentation does not show that the patient meets criteria for MRI per the ACOEM and the request is not medically necessary.