

Case Number:	CM15-0184725		
Date Assigned:	09/25/2015	Date of Injury:	05/13/2010
Decision Date:	11/06/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/21/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 56 year old female, who sustained an industrial injury on 5-13-10. The injured worker was diagnosed as having chronic pain. Treatment to date has included an EMG-NCV (date of study and results not provided). As of the PR2 dated 7-27-15, the injured worker reports left lateral ankle pain and numbness over the left second toe. Physical findings include tenderness and limited range of motion. The treating physician requested a CT of the left ankle. On 7-29-15, the treating physician requested a Utilization Review for a CT of the left ankle. The Utilization Review dated 8-17-15, non-certified the request for a CT of the left ankle.

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 Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle & Foot - Computed tomography (CT).

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle, CT Scan.

Decision rationale: ACOEM States "For patients with continued limitations of activity after four weeks of symptoms and unexplained physical findings such as effusion or localized pain, especially following exercise, imaging may be indicated to clarify the diagnosis and assist reconditioning. Stress fractures may have a benign appearance, but point tenderness over the bone is indicative of the diagnosis and a radiograph or a bone scan may be ordered. Imaging findings should be correlated with physical findings." ODG states "Recommended. CT provides excellent visualization of bone and is used to further evaluate bony masses and suspected fractures not clearly identified on radiographic window evaluation. (Colorado, 2001) (ACR-ankle, 2002) (ACR-foot, 2002) See also ACR Appropriateness Criteria." The medical documentation provided does not indicate any red flag symptoms, or changes in symptoms to warrant the requested imaging. The treating physician has not provided documentation of previous x-rays or objective findings as outlined in the guidelines. As such, the request for CT (computed tomography), Left Ankle is not medically necessary.