

Case Number:	CM15-0185043		
Date Assigned:	09/25/2015	Date of Injury:	06/09/2014
Decision Date:	11/09/2015	UR Denial Date:	08/18/2015
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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic ankle pain reportedly associated with an industrial injury of June 9, 2014. In a Utilization Review report dated August 18, 2015, the claims administrator failed to approve a request for CT scan of the left ankle. The claims administrator referenced an RFA form of July 31, 2015 and an associated progress note of July 10, 2015 in its determination. The applicant's attorney subsequently appealed. On a September 5, 2015 appeal letter, the applicant personally appealed the denied CT scan, stating that it was her understanding that the treating provider had sought CT imaging to evaluate a suspected bony abnormality. MRI imaging of the ankle performed on August 21, 2015 was notable for marrow edema suggestive of bone bruise with mild Achilles tendinopathy also appreciated. MRI imaging of the left ankle dated July 5, 2015 was notable for mild Achilles tendinopathy, mild retrocalcaneal bursitis, the absence of an Achilles tendon tear, and a stable osteochondral lesion of the medial talar dome with decreased edema present. On July 10, 2015, the applicant reported ongoing complaints of ankle pain. The applicant was working without restrictions despite ongoing pain complaints, it was reported. The applicant was overweight, with BMI of 33, it was reported. Pain about the sinus tarsi region was appreciated. The applicant was returned to work. A trigger point injection was performed. The attending provider stated that the applicant needed a new MRI to evaluate for progression of previously described talar edema. No seeming mention of the need for CT imaging in question on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the left ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Special Studies, Summary.

Decision rationale: No, the request for CT imaging of the ankle was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 14, Table 14-5, page 375 does score CT imaging at 3/4 in its ability to identify and define suspected metatarsal and/or toe fractures and, by analogy, the osteochondral lesion seemingly present here, this recommendation is, however, qualified by commentary made in the MTUS Guideline in ACOEM Chapter 14, page 372 to the effect that special studies of the foot and ankle are "usually not needed." Here, as the attending provider's July 10, 2015 progress note seemingly stated that MRI imaging of the ankle was being ordered. There was no explicit mention of the CT imaging of the ankle being proposed on that date. The MRI imaging was seemingly performed on July 7, 2015 and did demonstrate a stable osteochondral lesion, it was further noted. It was not clearly stated how (or if) the CT imaging would influence or alter the treatment plan. It was not clearly stated for what purpose the CT imaging was being sought. Again, the attending provider July 10, 2015 progress note suggested MRI imaging (as opposed to CT imaging) was being ordered on that date. While the applicant did state on a letter dated September 5, 2015 that she believed the attending provider was ordering CT imaging for purpose of evaluating a suspected bony abnormality, this was not echoed or supported by the attending provider's July 10, 2015 progress note, which suggested MRI imaging alone had been ordered. Therefore, the request was not medically necessary.