

Case Number:	CM15-0192512		
Date Assigned:	10/06/2015	Date of Injury:	03/25/2014
Decision Date:	11/19/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/30/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 50 year old male who sustained a work-related injury on 3-25-14. Medical record documentation on 7-31-15 revealed the injured worker was being treated for a closed fracture of the right ankle. He reported intermittent, burning in the right ankle which is worse with cold weather and activity. The right ankle pain occasionally radiated to the right hip with stabbing pain and numbness and tingling to the right foot. He used a walking boot. Objective findings included a height of 5 feet and 9 inches and a weight of 304 pounds. The injured worker had physical therapy and medications for treatment. On 8-28-15 the injured worker completed six sessions of physical therapy which was not helpful. X-rays revealed a fractured talus and calcaneus. He reported anterior ankle joint pain, Achilles pain and gastroc pain. He had dull aching pain and stiffness. His pain decreased from 6.5 to 5 on a 10-point scale with physical therapy. He had minimal swelling and decreased muscle girth of the quadriceps. A request for CT scan of the right ankle was received on 8-31-15. On 9-8-15, the Utilization Review physician determined CT scan of the right ankle was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan Right ankle: Overturned

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 (Acute & Chronic) - Computed tomography (CT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Foot and Ankle Chapter, Computed tomography (CT).

Decision rationale: The 7/2/15 attending physician report indicates the patient has ongoing right ankle pain. The current request for consideration is a CT scan right ankle. The attending physician in his 7/2/15 report, page (33b), recommends a CT scan of the right ankle to better evaluate position and extent of posterior loose bodies per orthopedic recommendation and recent x-ray findings. The CA MTUS is silent on CT scans of the ankle. The ODG does recommend CT scans and has this to say. CT provides excellent visualization of bone and is used to further evaluate bony masses and suspected fractures not clearly identified on radiographic window evaluation. In this case, the patient was referred for orthopedic consultation. The 6/17/15 orthopedic exam recommends getting a CT scan with coronal and sagittal reconstructions then cut through the ankle. He states this is necessary for a potential debridement procedure. The attending physician has requested the CT scan based on the orthopedic recommendation and the request is consistent with ODG guidelines. As such, the request is medically necessary for continued treatment assessment.