

Case Number:	CM15-0199336		
Date Assigned:	10/14/2015	Date of Injury:	12/22/2012
Decision Date:	11/24/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/09/2015

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: Arizona, California
 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:

This 41 year old male sustained an industrial injury on 12-22-12. Documentation indicated that the injured worker was receiving treatment for a right ankle injury with osteochondritis dissecans, sinus tarsi syndrome and subtalar joint sprain and strain. Previous treatment included right ankle osteochondritis dissecans repair (3-22-13), physical therapy, acupuncture, injections, orthotics, RICE therapy and medications. In PR-2's dated 1-21-15 and 4-29-15, the injured worker stated that his pain was about the same, rated 3-4 out of 10 on the visual analog scale. Ankle range of motion was within normal limits without evidence of instability. In a PR-2 dated 5-27-15, the injured worker reported that he had had a significant flare-up of right ankle pain, rated 6 out of 10 on the visual analog scale. Physical exam was unchanged. In a Pr-2 dated 7-22-15, the injured worker complained of intermittent right ankle pain, rated 4 out of 10. The physician documented that magnetic resonance imaging (7-9-15) showed an old osteochondritis dissecans involving the medial dome of the talus. In a PR-2 dated 9-2-15, the injured worker reported that he had had a flare-up of symptoms but was now feeling a little bit better. The injured worker had been wearing his postoperative shoes, icing and stretching. Physical exam was unchanged. The treatment plan included continuing acupuncture, RICE therapy, supportive shoes and orthotics. On 9-4-15, a request for authorization was submitted for x-ray of the right foot and ankle. On 9-11-15, Utilization Review non-certified a request for x-ray of the right foot and ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the Right Foot/Ankle: Upheld

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

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

Decision rationale: According to the guidelines, x-ray of the ankle is indicated for those with an acute injury to the ankle. It can be performed on those with > 13 mm of effusion. In this case, the claimant already had an MRI. There was no mention of effusion and the injury was chronic. The request for ankle x-ray is not medically necessary.