

Case Number:	CM15-0207604		
Date Assigned:	10/26/2015	Date of Injury:	03/18/2015
Decision Date:	12/09/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/22/2015

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

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:

The injured worker is a 47 year old male, who sustained an industrial injury on 3-18-15. Medical records indicate that the injured worker is undergoing treatment for a right fibular fracture. The injured workers current work status was not indicated. On (8-5-15 and 7-29-15) the injured worker reported doing well with full weight bearing on the right leg. The pain was rated 0-4 out of 10 on the visual analog scale. The injured worker is not able to walk more than a half block. Objective findings noted that the open reduction and internal fixation syndesmosis screws were now broken. The fracture communicated with the joint line. Further healing was visualized. The injured worker was no longer taking pain medication. Treatment and evaluation to date has included medications, right ankle x-rays, physical therapy, ankle brace and an open reduction and internal fixation of the right distal fibula on 3-19-15. The current treatment request is for a Computed Tomography scan (CT) without contrast of the bilateral lower extremities. The Utilization Review documentation dated 9-15-15 non-certified the request for the Computed Tomography scan (CT) without contrast of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan without contrast (bilateral lower extremity): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle Chapter - Computed Tomography (CT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot chapter, under Computed tomography.

Decision rationale: The current request is for a CT scan without contrast (bilateral lower extremity). The RFA is dated 09/10/15. Treatment and evaluation to date has included medications, CAM boot, right ankle x-rays, physical therapy, ankle brace and an open reduction and internal fixation of the right distal fibula on 03/19/15. The patient's work status was not addressed. ODG guidelines, Ankle & Foot chapter under Computed tomography (CT) 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. Per report 09/08/15, the patient is 6 months status post ORIF of the right distal fibula. The patient reported being able to fully weight bear since last visit, but continues to be symptomatic. Physical examination revealed limited range of motion with both plantar and dorsiflexion. There was mild effusion about the foot and ankle. The treater states that due to widening of the syndesmosis and mortice on plain film radiographs, further surgery is required. The treater requested a CT scan for surgical planning. Given the patient's current status, a CT scan for further evaluation and surgical planning is reasonable and supported by ODG. Therefore, this request IS medically necessary.