

Case Number:	CM15-0020784		
Date Assigned:	02/10/2015	Date of Injury:	06/05/2013
Decision Date:	04/01/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/04/2015

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 50 year old female who sustained a work related injury June 5, 2013. While walking, her right leg twisted to one side causing pain. She received medications and physical therapy. On September 3, 2014, she underwent a partial resection of right peroneal tendon tear and tenosynovectomy of the right peroneal tendon. On November 25, 2014, a podiatric follow-up report finds the injured worker complaining of excruciating pain on the medial and lateral aspect of the ankle. She has pain with ambulation and swelling at the end of the day. The treatment plan included medications and an MRI of the right ankle. According to a primary treating physician's initial medical report, dated December 18, 2014, the injured worker presented with continued right foot pain and left hip pain. Diagnoses are documented as left hip strain and right foot strain. Treatment includes physiotherapy, x-rays of the pelvis, left hip, right ankle and right foot and left hip MRI, sleep study and pain medicine consultation. According to utilization review dated January 6, 2015, the request for X-ray of the Right Foot is non-certified citing MTUS ACOEM and ODG Guidelines.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Ankle & Foot Chapter, Radiography.

Decision rationale: Per the 12/18/14 report the patient presents with worsening right ankle and right foot pain s/p right ankle/right foot surgery 09/03/14 along with left hip pain. The current request is for X-RAY OF THE RIGHT FOOT per the 12/18/14 report. The RFA is not included. The 01/06/15 utilization review states the RFA is dated 12/18/14. As of 12/09/14 the patient is cleared to return to work with restrictions 12/15/14; however, it is not clear from reports if the patient is currently working. ODG, Ankle & Foot Chapter, Radiography, Indications for imaging include: chronic foot pain suspected to have Reiter's disease with heel pain and swollen toes; burning pain and paresthesia along the plantar surface of the foot, suspected tarsal tunnel syndrome; pain and tenderness over head of second metatarsal, rule out Freiberg's disease; pain in the 3-4 web space with radiation to the toes, Morton's neuroma suspected. The 12/18/14 report states right ankle and foot pain occurs 50% of the time and interferes with the patient's ability to jump, run, stand, and walk. The patient last had right ankle foot x-rays over one year ago and an MRI of the area 6 months ago. These studies are not included for review. In this case, there is no clinical evidence in the recent reports provided that support radiography imaging for chronic foot pain per the indications listed above. The request IS NOT medically necessary.

X-Ray of the Right Ankle: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Ankle & Foot Chapter, Radiography.

Decision rationale: Per the 12/18/14 report the patient presents with worsening right ankle and right foot pain s/p right ankle/right foot surgery 09/03/14 along with left hip pain. The current request is for X-RAY OF THE RIGHT ANKLE per the 12/18/14 report. The RFA is not included. The 01/06/15 utilization review states the RFA is dated 12/18/14. As of 12/09/14 the patient is cleared to return to work with restrictions 12/15/14; however, it is not clear from reports if the patient is currently working. ODG, Ankle & Foot Chapter, Radiography, Indications for imaging include: "Chronic ankle pain, pain of uncertain etiology, initial study." The 12/18/14 report states right ankle foot pain occurs 50% of the time and interferes with the patient's ability to jump, run, stand, and walk. The patient last had right ankle foot x-rays over one year ago and an MRI of the area 6 months ago. These studies are not included for review. In this case, the patient has worsening right ankle pain following surgery. ODG criteria allow for radiography for chronic ankle pain for uncertain etiology. The request IS medically necessary.