

Case Number:	CM15-0028415		
Date Assigned:	02/20/2015	Date of Injury:	02/16/2012
Decision Date:	04/06/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/15/2015

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, 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 is a 32 year old male patient who sustained an industrial injury on 02/16/2012. He sustained the injury due to a fall. He was robbed while walking. The current diagnoses include left ankle surgery with Brostrom procedure with open internal fixation, neuropathic pain, and development of anxiety and panic attacks. Per the doctor's note dated 01/29/2015 he had complaints of left ankle pain and swelling; depression and anxiety. He has retained metal in the abdomen due to a gunshot wound. Physical examination revealed left ankle- painful and limited range of motion. The current medications list includes norco, lyrica, effexor XR and xanax. He has undergone left ankle surgery in 3/14. He has had left ankle MRI on 3/16/2012 which revealed tenosynovitis of tibialis posterior, flexor hallucis and tibialis anterior tendon; another MRI on 10/26/2012 which revealed chronic sprain of ligaments and synovitis. Previous treatments included medication management, physical therapy, psychotherapy treatments, and cortisone injection. Utilization review performed on 02/06/2015 non-certified a prescription for CT scan left ankle, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS and Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of 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- Ankle and Foot.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 341. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Ankle & Foot (updated 03/26/15) Computed tomography (CT).

Decision rationale: Request: CT scan of left ankle. Per the ACOEM guidelines cited below, For most cases presenting with true foot and ankle disorders, special studies are usually not needed until after a period of conservative care and observation. Most ankle and foot problems improve quickly once any red-flag issues are ruled out. Routine testing, i.e., laboratory tests, plain-film radiographs of the foot or ankle, and special imaging studies are not recommended during the first month of activity limitation, except when a red flag noted on history or examination raises suspicion of a dangerous foot or ankle condition or of referred pain. In addition, per the ODG ankle and foot guidelines regarding ankle CT scan 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 the records provided patient has already had left ankle MRI on 3/16/2012 which revealed tenosynovitis of tibialis posterior, flexor hallucis and tibialis anterior tendon; another MRI on 10/26/2012 which revealed chronic sprain of ligaments and synovitis. This previous MRI reports are not specified in the records provided. Any significant change in signs or symptoms since these imaging studies that would require a left ankle CT is not specified in the records provided. Response to previous conservative therapy including physical therapy visits is not specified in the records provided. Previous conservative therapy notes are not specified in the records provided. A recent left ankle X-ray report is also not specified in the records provided. The medical necessity of CT scan of left ankle is not fully established for this patient.