

<b>Case Number:</b>	CM15-0040228		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	08/28/2003
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: North Carolina  
 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:

The injured worker is a 57-year-old male who sustained a work related injury, after a slip and fall, falling down hard on his right foot, twisting and fracturing the ankle and a pain in the right hip, August 28, 2003. Treatment included surgery March 2005; arthroscopic debridement, right ankle, MRI, x-rays, CT scan, physical therapy, and medications. According to a comprehensive permanent and stationary report dated January 27, 2015, the injured worker presented and continues to have left hip problems and will probably require a total hip replacement (receiving treatment at the VA). He does appear to have a delayed union/ nonunion or partial union of the subtalar joint. The pain is rated 6-9/10, achy and sharp in the area of the hind foot. He currently uses a cane and an Arizona brace, which does help. Impression is documented as s/p surgery for removal of hardware and scar revision January 2014 and fracture of the distal fibula, July 14, 2014, with some offset and partial/delayed union. Treatment plan included requests for MRI of the hind foot and 3 dimensional CT scan, and Arizona brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of The Hindfoot:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 373-374.

**Decision rationale:** The ACOEM chapter on foot complaints and imaging studies states: For patients with continued limitations of activity after four weeks of symptoms and unexplained physical findings such as effusion or localized pain, especially following exercise, imaging may be indicated to clarify the diagnosis and assist reconditioning. Stress fractures may have a benign appearance, but point tenderness over the bone is indicative of the diagnosis and a radiograph or a bone scan may be ordered. Imaging findings should be correlated with physical findings. Disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies, e.g., magnetic resonance imaging (MRI). Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. This patient is status post injury in 2003 with subsequent surgery. There is no indication of new injury and thus criteria for special imaging have not been met. The request is not certified.

**3 Dimensional CT Scan:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 373-374.

**Decision rationale:** The ACOEM chapter on foot complaints and imaging studies states: For patients with continued limitations of activity after four weeks of symptoms and unexplained physical findings such as effusion or localized pain, especially following exercise, imaging may be indicated to clarify the diagnosis and assist reconditioning. Stress fractures may have a benign appearance, but point tenderness over the bone is indicative of the diagnosis and a radiograph or a bone scan may be ordered. Imaging findings should be correlated with physical findings. Disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies, e.g., magnetic resonance imaging (MRI). Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. This patient is status post injury in 2003 with subsequent surgery. There is no indication of new injury and thus criteria for special imaging have not been met. The request is not certified.