

Case Number:	CM15-0050959		
Date Assigned:	03/24/2015	Date of Injury:	11/15/2011
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/17/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 45 year old woman sustained an industrial injury on 11/15/2011 to her right ankle after a trip and fall on uneven concrete. Diagnoses include right ankle strain and right repaired ankle ligament tear. Treatment has included oral medications. A 2014 MR arthrogram was normal. Physician notes dated 2/12/2015 showed complaints of right ankle pain. The worker states she had a consultation with neurology and recommendations included scans of some sort and he did not feel that she met all of the criteria for complex regional pain syndrome. Recommendations from this visit include continuing Lyrica, contact the neurologist to inquire which scans he recommends, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone scan for the right foot and right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 373-374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter, Ottawa ankle rules (OAR).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 14 Ankle and Foot Complaints Page(s): 374.

Decision rationale: This injured worker has chronic ankle pain. Per the ACOEM, 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. The records do not substantiate that the physical exam shows any point tenderness or red flags to warrant a bone scan. Additionally, an MRI was normal in 2014. The medical necessity of a bone scan is not medically necessary.

X-ray of the right foot and right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter, Ottawa ankle rules (OAR).

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

Decision rationale: This injured worker has chronic ankle pain. Per the ACOEM, 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. The records do not substantiate that the physical exam shows any point tenderness or red flags to warrant an X-ray of the right foot and right ankle. Additionally, a MRI was normal in 2014. The medical necessity of a bone scan is not medically necessary.