

Case Number:	CM15-0051811		
Date Assigned:	03/25/2015	Date of Injury:	08/27/2014
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/19/2015

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: Florida

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 (IW) is a 29-year-old male who sustained an industrial injury on 08/27/2014. Diagnoses include ankle sprain. Treatment to date has included medications, physical therapy, and a cane and fracture walker. Diagnostics performed to date included x-rays, which were negative for fracture, and MRIs. According to the history and physical dated 2/20/15, the IW reported increased right ankle pain. On examination, there was anterior tenderness and erythema of the right foot. A request was made for bone and joint imaging 3-phase study of the ankle due to continued pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone and joint imaging 3-phase study of the ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot (updated 12/22/14); <http://www.ncbi.nlm.nih.gov/pubmed/9467193>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Ankle and Foot, 2014.

Decision rationale: This independent medical review is to determine the medical necessity of a bone scan study. The ODG notes that a bone scan is indicated for suspected tumor, chronic stress fracture, infection, or complex regional pain syndrome. Therefore, the request is not medically necessary.