

Case Number:	CM15-0053924		
Date Assigned:	03/27/2015	Date of Injury:	06/05/2013
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/21/2015

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, Tennessee
Certification(s)/Specialty: Emergency 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:

The injured worker is a 51-year-old female, who sustained an industrial injury on June 5, 2013. She reported right foot and toe pain. The injured worker was diagnosed as having non-traumatic tendon rupture. Treatment to date has included diagnostic studies, conservative treatments including physical therapy, medications and work restrictions. Currently, the injured worker complains of right foot and toe pain with associated swelling. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on November 19, 2014, revealed continued pain. She noted feeling pressured at work secondary to restrictions and also noted some benefit with durable medical equipment. Retrospective authorization of x-rays of the right foot and toes was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective x-ray of the right ankle and right foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle & Foot, radiography.

Decision rationale: X-rays of the ankle and foot are indicated as follows:-Suspected ankle injury in patient meeting Ottawa Rules: 1) Inability to bear weight immediately after the injury, 2) Point tenderness over the medial malleolus, or the posterior edge or inferior tip of the lateral malleolus or talus or calcaneus, 3) Inability to ambulate for four steps in the emergency room: Chronic ankle pain, suspected osteochondral injury, initial study: Chronic ankle pain, suspected tendinopathy, initial study: Chronic ankle pain, suspected ankle instability, initial study: Chronic ankle pain, pain of uncertain etiology, initial study: Chronic foot pain, suspected to have Reiter's disease and complains of heel pain and swollen toes: Chronic foot pain, burning pain and paresthesias along the plantar surface of the foot and toes, suspected of having tarsal tunnel syndrome: Chronic foot pain, pain and tenderness over head of second metatarsal, rule out Freiberg's disease: Chronic foot pain, pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspected: Chronic foot pain, young athlete presenting with localized pain at the plantar aspect of the heel, plantar fasciitis is suspected clinically, but X-rays are not routinely recommended in the working population. In this case, the patient has undergone right peroneal tendon repair. The patient continues to experience pain that predated the surgery and prior imaging. There has no significant change in the patient's symptoms and no new injury. X-ray studies of the ankle and foot are not indicated. The request is not medically necessary.