

Case Number:	CM15-0054204		
Date Assigned:	03/27/2015	Date of Injury:	05/04/2012
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/23/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 54-year-old female sustained an industrial injury to the right ankle and knee on 5/4/12. Previous treatment included magnetic resonance imaging right ankle (12/4/14), x-rays right ankle (11/26/14), home exercise, stretching, physical therapy, acupuncture, cortisone injections, right knee surgery and medications. In an initial orthopedic evaluation dated 1/27/15, the injured worker complained of right foot and bilateral ankle pain 4/10 on the visual analog scale at rest and 9/10 with activities. Physical exam was remarkable for mild tenderness to palpation over the lateral malleolus with diminished eversion and inversion. Current diagnoses included osteochondritis, dissecans talar dome and right ankle inversion laxity. The treatment plan included a request for authorization for a podiatry consultation. In a PR-2 dated 2/24/15, the injured worker's exam was noted to be unchanged. The treatment plan included a left knee magnetic resonance imaging and right ankle x-ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right ankle X-ray: 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 & Foot.

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

Decision rationale: According to the MTUS, ankle x-rays are appropriate when the Ottawa Criteria apply. For the ankle, these criteria are: a) tenderness at the posterior edge or tip of the lateral malleolus; b) tenderness at the posterior edge or tip of the medial malleolus; or c) inability to bear weight both immediately and in the emergency department. Radiographic evaluation may also be performed if there is rapid onset of swelling and bruising; if patient's age exceeds 55 years; if the injury is high velocity; in the case of multiple injury or obvious dislocation / subluxation; or if the patient cannot bear weight for more than four steps. Right ankle X-ray is not medically necessary.