

Case Number:	CM15-0055442		
Date Assigned:	03/30/2015	Date of Injury:	06/18/1998
Decision Date:	05/01/2015	UR Denial Date:	03/20/2015
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: New York
 Certification(s)/Specialty: Podiatrist

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 56 year old male, who sustained an industrial injury on July 18, 1998. The injured worker was diagnosed as having plantar fascial fibromatosis, ankle/foot joint derangement, bilateral plantar fasciitis with left foot aponeurotic band surgical release, hammertoe, calcaneal spur, avulsion of nail bed, ankle instability, cellulitis of left knee, Treatment and diagnostic studies to date have included surgery X-ray, orthotics and medication. A progress note dated March 13, 2015 provides the injured worker complains of recent fall due to weakness of left foot. Physical exam notes tenderness of the feet, decreased rom and antalgic gait. The plan includes X-ray, orthotics and possible surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stress x-rays (inversion stress and anterior push-pull), right ankle QTY: 1.00: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-373.

Decision rationale: According to the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that stress x-rays of the right ankle are warranted for this patient. The progress note dated 3/13/2015 reveal a very extensive bilateral lower extremity exam. Patient has significant tenderness around the lateral aspect of the ankles bilaterally. Patient complained of weakness and instability upon ambulation to the ankles. The anterior or sign was noted to be positive. The MTUS guidelines state that special studies and diagnostic considerations are recommended when red flags are noted on history or examination raises suspicion of a dangerous foot or ankle condition or of referred pain. A stress x-ray would allow the physician to assess the lateral ankle ligaments and formulate a treatment plan including both conservative and surgical options. For this reason I feel that a stress x-ray is warranted. Therefore, the request is medically necessary.

Stress x-rays (inversion stress and anterior push-pull), left ankle QTY: 1.00: Overturned

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