

<b>Case Number:</b>	CM15-0060515		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	08/29/2012
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 67 year old male, who sustained an industrial injury on 8/29/2012, while employed as a security guard. He reported an ankle injury after a fall, and had an artificial ankle joint at the time, which sustained a fracture. The injured worker was diagnosed as having left ankle pain, status post fracture of artificial joint, and right hip pain. Treatment to date has included conservative measures, including diagnostics, splinting, and medications. Currently, the injured worker complains of ongoing right hip pain and left foot/ankle pain, rated 7/10. Current medication use included Tylenol and Motrin for pain. Exam revealed tenderness to the greater trochanter on the right hip with positive Faber's sign. After removal of the left ankle splint, he was unable to dorsiflex or extend the foot at the ankle joint. The right calf measurement was 36 cm, while the left was 32cm due to atrophy. He was on anti-coagulation therapy for a comorbid condition. He reported that surgery was at one time recommended for the left foot/ankle, but he was not stable at the time due to co-morbidities. The treatment plan included Norco, discontinue Motrin, a second opinion for podiatrist consultation regarding his left foot and ankle, computerized tomography of the right hip, and follow-up in 1 month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Second opinion podiatrist consult for left foot and ankle:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 14 Ankle and Foot Complaints Page(s): 92, 374-375. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Independent Medical Examinations and Consultations Chapter, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, p127.

**Decision rationale:** The claimant sustained a work-related injury in August 2012 and continues to be treated for left foot and ankle and right hip pain. When seen, there was trochanteric tenderness and positive Fabere testing. He had decreased ankle range of motion. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, surgery for the ankle had previously been considered. The claimant has co-morbid conditions which include coronary artery disease, myocardial infarction, stroke, hypertension, and is on anticoagulation medication. Surgery might be an option in his treatment. Therefore requesting a second opinion was medically necessary.

**CT scan for right hip:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Hip & Pelvis (Acute & Chronic) MRI (magnetic resonance imaging) (2) Hip & Pelvis (Acute & Chronic) CT (computed tomography).

**Decision rationale:** The claimant sustained a work-related injury in August 2012 and continues to be treated for left foot and ankle and right hip pain. When seen, there was trochanteric tenderness and positive Fabere testing. He had decreased ankle range of motion. Indications for a CT (computed tomography) scan of the hip are suspected sacral insufficiency fracture, osteoid osteoma, or subchondral fracture, or after failure of closed fracture reduction. In terms of imaging, an MRI could be considered for further assessment of osseous, articular or soft tissue abnormalities, osteonecrosis, occult acute and stress fractures, acute and chronic soft tissue injuries, or tumors and an MR arthrogram for suspected labral pathology. In this case the claimant is unable to have an MRI due to prior ankle surgery with metal implants. However, none of these conditions appears to be present as the claimant's physical examination is consistent with a diagnosis of greater trochanteric bursitis. Therefore, advanced imaging of the hip is not medically necessary.