

<b>Case Number:</b>	CM15-0080570		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	05/15/2014
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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: Arizona, California  
 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 is a 52 year old female, who sustained an industrial injury on 05/15/2014. She reported slipping on a wet cement floor falling into a seated position on the floor. The injured worker was diagnosed as having complicated open wound of the hand, wound infection of the ankle, fracture of the external malleolus of the right ankle, status post open reduction with internal fixation of the right ankle, right ankle sprain/strain, right foot sprain/strain, ankle syndesmosis disruption, right distal fasciitis of the right foot, lumbar sprain/strain, left hip sprain/strain, contusion of the back, and slip and fall at work. Treatment to date has included use of a transcutaneous electrical nerve stimulation unit, home exercise program, magnetic resonance imaging of the lumbar spine, x-rays of the lumbosacral spine, x-rays of the right ankle, x-rays of the right hip, magnetic resonance imaging of the of the right foot, medication regimen, and above noted surgical procedure. In a progress note dated 04/10/2015 the treating physician reports complaints of constant, dull pain to the left side of the lumbar spine with radiating pain to the lower extremities with a pain rating of a four to eight out of ten. The injured worker has complaints of intermittent, dull pain to the left hip that radiates to the left gluteal area with a pain rating of a four to eight out of ten. The injured worker also has complaints of constant, sharp to dull right ankle that is rated an eight out of ten and constant, burning right foot pain that is rated a nine out of ten. The treating physician requested a computed tomography of the right ankle and leg distal aspect along with a request for the laboratory studies of a complete blood count, glucose fasting, and an erythrocyte sedimentation rate to rule out osteomyelitis of the right foot.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **One (1) CT of the right ankle and leg (distal aspect): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Bone & joint infections: osteomyelitis, acute.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation ODG- infectious disease- bone infections pg 7-10.

**Decision rationale:** According to the guidelines, for patients with continued limitations of activity after four weeks of symptoms and unexplained physical findings such as effusion or localized pain, especially following exercise, imaging may be indicated to clarify the diagnosis and assist reconditioning. Stress fractures may have a benign appearance, but point tenderness over the bone is indicative of the diagnosis and a radiograph or a bone scan may be ordered. Imaging findings should be correlated with physical findings. In this case, there were no clinical findings of warmth, open wound, increased edema or fever to suggest a chronic bone infection. There were no red flag symptoms. As a result, the request for an MRI to evaluate for osteomyelitis is not medically necessary.

### **One (1) CBC, glucose fasting and ESR: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), diabetes: fasting plasma glucose test.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- infectious disease- bone infections pg 7-10.

**Decision rationale:** According to the guidelines, blood work and glucose testing are not markers used for diagnosing osteomyelitis. They are typically used for monitoring response to treatment or when there is a high suspicion of infection. Glucose does not test for infection. In this case, there were no clinical findings of warmth, open wound, increased edema or fever to suggest a chronic bone infection. There were no red flag symptoms. As a result, the request for the blood work above is not medically necessary.