

Case Number:	CM15-0089736		
Date Assigned:	05/14/2015	Date of Injury:	08/27/2014
Decision Date:	07/21/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/11/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 29 year old male who sustained an industrial injury on 08/27/2014 when his right foot got caught in a scaffolding plank while painting and he twisted his right ankle. X-rays were negative for fracture or acute pathology. The injured worker was diagnosed with ankle sprain/strain and right ankle joint effusion. Treatment to date has included diagnostic testing, conservative measures, assistive devices, physical therapy and medications. According to the primary treating physician's progress report on April 20, 2015, the injured worker continues to experience increasing pain and swelling of the right ankle. The injured worker rates his pain level at 2/10 with medications and 4/10 without medications. Examination demonstrated normal reflex, pulses, sensory and power testing. The injured worker had a slight antalgic gait with difficulty in heel to toe walk bilaterally. There was tenderness over the dorsum of the right foot and ankle with decreased range of motion at the ankle due to pain. Straight leg raise and bowstring tests were negative bilaterally. There was some muscle spasm noted in the calf area.

Lumbar and cervical spine demonstrated full range of motion with negative testing noted.

Current medications are listed as Cyclobenzaprine, Tramadol and Naproxen. Treatment plan consists of urine drug screening, ankle specialist and the current request for an X-ray of right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the right ankle: Upheld

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): 373-374.

Decision rationale: X-ray of the right ankle is not medically necessary per the MTUS Guidelines. The MTUS states that radiographic series is indicated if the patient is experiencing any pain in the:-Malleolar area, and any of the following findings apply: 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. Midfoot area, and any of the following findings apply: a) tenderness at the base of the fifth metatarsal; b) tenderness at the navicular bone; 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. The documentation indicates that the patient has already had x-rays in February of 2015, which were negative for fracture. There has been no new trauma/ injury therefore repeat imaging is not medically necessary.