

Case Number:	CM13-0033548		
Date Assigned:	12/06/2013	Date of Injury:	02/12/2009
Decision Date:	06/16/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/10/2013

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is an employee of [REDACTED], and has filed a claim for ankle and foot joint pain and DVT (deep vein thrombosis) associated with an industrial injury date of February 12, 2009. Treatment to date has included opioid and non-opioid pain medications, right ankle surgery 2011, physical therapy, and psychotherapy. Medical records from 2012-2013 were reviewed showing the patient complaining of pain in the ball of the left foot during the August 2013 visit. There were no reports of new injuries since the previous visit in July 2013. The patient reports that the medications are working well. Quality of life has remained the same. Symptoms concerning the right foot started in January 2013 and in May 2013, an x-ray of the right foot was requested due to persistence of the pain in the right foot. However, this was denied. The patient does continue to complain of right foot pain. On examination, the patient has a right-sided push off antalgic gait but does not use any assistive devices. The movement of the right ankle was restricted due to pain. Tenderness was noted over the talo fibular ligament. Anterior drawer sign for the right ankle/foot was negative. Motor strength for the right foot was normal. There was decreased sensation over the third, fourth, and fifth toe on the right. Utilization review from September 6, 2013 denied the request for x-ray of the right foot. Reasons for denial were not available.

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 FOOT: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

Decision rationale: According to the Ankle and Foot Complaints Chapter of the ACOEM Practice Guidelines, most cases presenting with true foot and ankle disorders, special studies are usually not needed until after a period of conservative care and observation. In this case, the patient had been doing well after surgery with regards to the right foot. However, the patient complained of right foot pain in January 2013, which did not resolve with conservative treatment and subsequent request for x-ray of the right foot was made in May 2013. Given the persistence of symptoms, an x-ray of the right foot is in appropriate first step into investigating the right foot problem. The request for an X-Ray of the right foot is medically necessary and appropriate.