

Case Number:	CM14-0137588		
Date Assigned:	09/05/2014	Date of Injury:	06/04/2011
Decision Date:	09/30/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/25/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 a 39 years old male with an injury date on 06/04/2011. Based on the 08/06/2014 progress report provided by [REDACTED], the diagnoses are: 1.Tenosynovitis of the extensor hallucis long tendon, right foot 2.Tendinitis tibialis anterior tendon, right foot 3.Interdigital neuroma, 3-4 web space, right foot. 4.According to this report, the patient complains of constant right foot throbbing pain with swelling. Diminished sensation of the right foot is noted when aggravated. Pain is rated as a 5/10. The patient currently is not attending therapy and is taking no medication. Tenderness is noted over the 3-4 web space of the foot and right knee. EMG/NCS of the lower extremities on 07/09/2014 reveals chronic bilateral L5 (or L4) radiculopathy. The report was not including in the file. MRI of the lumbar spine on 09/03/2014 reveals 2 mm disc bulge at L3-L4 with foraminal narrowing and facet hypertrophy, 2-3 mm disc bulge at L4-L5 with foraminal narrowing and facet hypertrophy, and L5-S1 mild facet hypertrophy. There were no other significant findings noted on this report. The utilization review denied the request on 08/20/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 03/27/2014 to 09/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan right ankle and foot: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 5.

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

Decision rationale: According to the 08/06/2014 report by [REDACTED] this patient presents with constant right foot throbbing pain with swelling. The treater is requesting CT scan right ankle and foot. Regarding CT scan, ACOEM guidelines page 372-374 states "For most cases presenting with true foot and ankle disorders, special studies are usually not needed until after a period of conservative care and observation." The guidelines further states "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 highvelocity." In this case the patient does not presents with a rapid onset of swelling, bruising or a highvelocity injury to the ankle and foot. There were no discussion as to why the patient needed CT scan of the right ankle and foot. Recommendation is for denial.