

<b>Case Number:</b>	CM14-0182825		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	01/17/2014
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 & Rehabilitation 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:

This 31 year-old patient sustained an injury on 1/17/14 from falling down a flight of stairs while employed by [REDACTED]. Request(s) under consideration include Repeat left ankle x-ray series. Diagnoses include Foot sprain. Conservative care has included medications, physical therapy, chiropractic treatment, ankle injections, and modified activities/rest. Medications list Tramadol, Voltaren, Docusate, Lidocaine 5%, Maxalt, Percocet, and Vicodin. Previous results from MRI of ankle were not provided. Hand/plastic surgery report of 5/27/14 noted ankle and low back pain with use of medication, splinting and recent injection. Exam showed tenderness at paralumbar region; normal motor and sensory exam; tenderness and mild swelling of lateral left ankle, but able to ambulate without significant antalgic gait. Treatment included medications, MRI for low back with work restrictions. Report of 10/9/14 from the provider noted the patient with chronic ongoing left ankle soreness and low back pain rated at 8/10. Exam showed left ankle with some swelling at anterolateral aspect with tenderness on palpation and no instability; mild restriction in range with intact DTRs, and sensation; negative SLR; and ability to walk on heels and toes bilaterally. The request(s) for Repeat left ankle x-ray series was non-certified on 10/21/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat left ankle x-ray series:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 367, 372-374.

**Decision rationale:** Record review indicates MRI of ankle dated 3/9/14 showed no evidence of fracture or malalignment; no thickening of plantar fascia; no joint effusion; unremarkable flexor and extensor tendons with normal Achilles tendon; mild tenosynovitis of posterior tibialis. Guidelines support radiographs when red-flags conditions (i.e. fracture, trauma, dislocation, subluxation, inability to bear weight, instability, etc.) are suspected. In this case, no suspected red-flags conditions have been documented. X-rays should not be recommended in patients with pain in the absence of red flags for serious pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient's management when unequivocal objective findings that identify for fracture, dislocation, specific nerve compromise or joint instability on the neurologic examination are evident. However, submitted clinical reports only noted unchanged tenderness without significant provocative testing or demonstrated acute injury, findings of neurological deficits or change in progression clinical deterioration to warrant repeating the x-ray, especially in light of unremarkable MRI findings. The Repeat left ankle x-ray series is not medically necessary and appropriate.