

<b>Case Number:</b>	CM14-0185607		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	08/27/2007
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 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 claimant was injured on 08/27/07. X-rays of the foot and ankle are under review. It appears that retrospective xrays for the left extremity are under review. He reportedly slipped and fell on the floor and twisted his left foot. His thoracic spine, bilateral hips and left ankle injury were accepted by the carrier. On 05/12/14, x-rays of the left ankle showed no acute changes. He reported a loose body sensation with pain and swelling. On 08/15/14, there were no acute changes on x-ray. He has continued to complain of increasing pain and a severely antalgic gait. On multiple occasions, treatment for the knee and ankle arthroscopy have been requested. Multiple MRIs were also requested and denied. He stated his foot had a lot of pain and he was ready to proceed with surgery. There was reportedly a loose body and he had a severely antalgic gait. On 09/15/14, the above was noted. On 08/15/14, x-rays of the left foot, left ankle, left heel, and left tibia showed no acute changes. He had swelling and an antalgic gait. On 09/15/14, x-rays of the foot, ankle, and tibia were done and were retrospectively denied. There was no change. X-rays were done on 09/29/14 and showed no changes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-Rays of The Foot 2 Views:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376-377.

**Decision rationale:** The history and documentation do not objectively support the request for repeat xrays of the [left] ankle in the absence of evidence of a new injury, new symptoms, or new objective findings that supporting repeat imaging. The MTUS state "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. Most ankle and foot problems improve quickly once any red-flag issues are ruled out. Routine testing, i.e., laboratory tests, plain-film radiographs of the foot or ankle, and special imaging studies are not recommended during the first month of activity limitation, except when a red flag noted on history or examination raises suspicion of a dangerous foot or ankle condition or of referred pain. In particular, patients who have suffered ankle injuries caused by a mechanism that could result in fracture can have radiographs if the Ottawa Criteria are met. This will markedly increase the diagnostic yield for plain radiography. The Ottawa Criteria are rules for foot and ankle radiographic series. An ankle 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. In this case there is no evidence of a new injury or new or progressive deficits for which additional xrays appear to be indicated. The notes indicate that xrays have been done on multiple occasions with no changes noted. The specific indication for a repeat study has not been clearly described and none can be ascertained from the records. The medical necessity of this repeat study has not been demonstrated.

**X-Rays of The Ankle 2 Views:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376-377.

**Decision rationale:** The history and documentation do not objectively support the request for repeat xrays of the [left] ankle in the absence of evidence of a new injury, new symptoms, or new objective findings that supporting repeat imaging. The MTUS state "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. Most ankle and foot problems improve quickly once any red-flag issues are ruled out. Routine testing, i.e., laboratory tests, plain-film radiographs of the foot or ankle, and special imaging studies are not recommended during the first month of activity limitation, except when a red flag noted on history or examination raises suspicion of a

dangerous foot or ankle condition or of referred pain. In particular, patients who have suffered ankle injuries caused by a mechanism that could result in fracture can have radiographs if the Ottawa Criteria are met. This will markedly increase the diagnostic yield for plain radiography. The Ottawa Criteria are rules for foot and ankle radiographic series. An ankle 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. In this case there is no evidence of a new injury or new or progressive deficits for which additional xrays appear to be indicated. The notes indicate that xrays have been done on multiple occasions with no changes noted. The specific indication for a repeat study has not been clearly described and none can be ascertained from the records. The medical necessity of this repeat study has not been demonstrated.

#### **X-Rays of The Tibia 4 Views: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376-377.

**Decision rationale:** The history and documentation do not objectively support the request for repeat xrays of the [left] tibia in the absence of evidence of a new injury, new symptoms, or new objective findings that supporting repeat imaging. The MTUS state "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. Most ankle and foot problems improve quickly once any red-flag issues are ruled out. Routine testing, i.e., laboratory tests, plain-film radiographs of the foot or ankle, and special imaging studies are not recommended during the first month of activity limitation, except when a red flag noted on history or examination raises suspicion of a dangerous foot or ankle condition or of referred pain. In particular, patients who have suffered ankle injuries caused by a mechanism that could result in fracture can have radiographs if the Ottawa Criteria are met. This will markedly increase the diagnostic yield for plain radiography. The Ottawa Criteria are rules for foot and ankle radiographic series. An ankle 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. In this case there is no evidence of a new injury or new or progressive deficits for which additional xrays appear to be indicated. The notes indicate that xrays have been done on multiple occasions with no changes noted. The specific indication for a repeat study has not been clearly described and none can be ascertained from the records. The medical necessity of this repeat study for the tibia has not been demonstrated.