

Case Number:	CM14-0097753		
Date Assigned:	07/25/2014	Date of Injury:	09/29/2009
Decision Date:	10/03/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/17/2014

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:

According to the records made available for review, this is a 58-year-old female with a 9/29/08 date of injury. At the time (5/20/14) of the request for authorization for computerized tomography (CT scan) of the right foot, right ankle and right tibia-fibula and follow-up with dental specialist, there is documentation of subjective (states her right leg gave way and she twisted her right ankle, severe pain, and bruxism with teeth loss) and objective (the right lower extremity demonstrates 1+ pedal edema, palpable firm mass consistent with plate fixation of the tibia under the anteromedial border, distal tibia with overlying tenderness) findings, current diagnoses (right ankle sprain/strain with tarsal tunnel syndrome and Achilles tendinitis, status post open reduction and internal fixation of distal tibia fracture with retained hardware, status post secondary closure of full-thickness skin loss, and bruxism with teeth loss), and treatment to date (medication). Regarding computerized tomography (CT scan) of the right foot, right ankle and right tibia-fibula, there is no documentation of a red flag noted on history or examination that raises suspicion of a dangerous foot or ankle condition or of referred pain or bony masses and suspected fractures not clearly identified on radiographic window evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized tomography (CT scan) of the right foot, right ankle and right tibia-fibula:
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): 372. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Computed tomography (CT)

Decision rationale: MTUS reference to ACOEM guidelines identify documentation of a red flag noted on history or examination that raises suspicion of a dangerous foot or ankle condition or of referred pain, as criteria necessary to support the medical necessity of ankle/foot CT. ODG identifies documentation of bony masses and suspected fractures not clearly identified on radiographic window evaluation, as criteria necessary to support the medical necessity of CT scan of the ankle/foot. Within the medical information available for review, there is documentation of diagnoses of right ankle sprain/strain with tarsal tunnel syndrome and Achilles tendinitis, status post open reduction and internal fixation of distal tibia fracture with retained hardware, status post secondary closure of full-thickness skin loss, and bruxism with teeth loss. However, there is no documentation of a red flag noted on history or examination that raises suspicion of a dangerous foot or ankle condition or of referred pain. In addition, there is no documentation of bony masses and suspected fractures not clearly identified on radiographic window evaluation. Therefore, based on guidelines and a review of the evidence, the request for computerized tomography (CT scan) of the right foot, right ankle and right tibia-fibula is not medically necessary.

Follow-Up with Dental Specialist: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

Decision rationale: MTUS reference to ACOEM guidelines state that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. ODG identifies that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Within the medical information available for review, there is documentation of diagnoses of right ankle sprain/strain with tarsal tunnel syndrome and Achilles tendinitis, status post open reduction and internal fixation of distal tibia fracture with retained hardware, status post secondary closure of full-thickness skin loss, and bruxism with teeth loss. In addition, there is documentation that the plan or course of care may benefit from additional expertise. Therefore, based on guidelines and a review of the evidence, the request for follow-up with dental specialist is medically necessary.

