

Case Number:	CM14-0159245		
Date Assigned:	10/30/2014	Date of Injury:	09/04/2012
Decision Date:	07/14/2015	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injured worker is a 48 year old female with an industrial injury dated 09/04/2012. The injured worker's diagnoses include contusion of ankle and pain in joint involving ankle and foot. Treatment consisted of diagnostic studies, prescribed medications, orthotics and periodic follow up visits. In a progress note dated 07/21/2014, the injured worker reported bilateral foot pain greater on the right, right sided lower back pain and muscular cramping of bilateral legs. Objective findings revealed tenderness at the plantar fascia and Achilles tendon on the left, decreased left foot plantar flexion range of motion, pain with right foot range of motion and tightness in the bilateral gastrocnemius muscles. The treating physician prescribed services for X-ray bilateral knees, bilateral ankles, and bilateral feet now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray bilateral knees, bilateral ankles, and bilateral feet: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 341; 373-374.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chapter 13 Knee Complaints Page(s): 347 and 377.

Decision rationale: MTUS notes that routine radiographs of the knee are not recommended for most knee complaints or injuries. For the foot and ankle, radiographs are not recommended for soft tissue diagnoses. There are no red flag conditions and no mechanism of injury that would likely result in fracture. The medical records note that bilateral knee radiographs were obtained on 7/10/13, showing only mild joint space narrowing on the left with no evidence for fracture, dislocation or other degenerative changes. Bilateral foot and ankle MRIs were performed on 12/13/12 with no clinically significant findings. There was an interosseous cyst in the left navicular. Foot and ankle radiographs on 7/10/13 showed no evidence for fracture, dislocation or degenerative changes. A repeat right foot MRI on 10/19/13 showed evidence for plantar fasciitis, but was otherwise unremarkable. There is no new medical documentation to support additional imaging studies. The request for X-ray bilateral knees, bilateral ankles, and bilateral feet is not medically necessary.