

Case Number:	CM14-0160591		
Date Assigned:	10/03/2014	Date of Injury:	10/25/2012
Decision Date:	03/30/2015	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: New York
Certification(s)/Specialty: Internal 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 45 year old female who sustained an industrial injury on 10/25/12 from a slip and fall from a ladder involving her right ankle. She currently complains of pain radiating from the right foot to the right leg and a feeling of swelling at the bottom of the right foot, back pain and headache. She has sleep disturbances. Medications are gabapentin, Imitrex, Lidocaine %5, trazadone. Diagnoses include complex regional pain syndrome to the right lower extremity; closed fracture of calcaneus; reflex sympathetic dystrophy of lower extremity; anxiety and depression. Treatments to date include physical therapy, psychological sessions, and lumbar sympathetic nerve blocks, walking boot. Diagnostic include MRI right ankle (1/16/13) abnormal; negative right calcaneus radiographs (11/12/12). In the progress note dated 6/9/14 the treating physician notes that due to the injured worker pain and sensitivity her gait pattern was significantly disrupted and she relies on assistive devices for weight bearing and walking. On 9/19/14 Utilization Review non-certified the request for x-ray of the left tibia-fibula citing MTUS: ACOEM Guidelines: Knee Complaints; ODG: Knee and Leg; ACOEM Guidelines: Ankle and Foot Complaints, Special Studies and Diagnostic and Treatment Considerations and ODG: Ankle and Foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of left tibia-fibula: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (updated 08/25/14), Radiography (x-rays)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Knee and Leg Chapter

Decision rationale: There is no documentation indicating the claimant suffered trauma to the left leg. Her reported issues are related to the right foot, back and head. Per ODG an x-ray would be indicated if there was a reported injury, evidence of swelling or an inability to bear weight. There are no clinical findings related to the left leg warranting an x-ray of the left tibia and fibula. Medical necessity for the requested item has not been established. The requested item is not medically necessary.