

Case Number:	CM15-0114398		
Date Assigned:	06/22/2015	Date of Injury:	04/09/2014
Decision Date:	07/21/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/12/2015

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, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 47 year old female, who sustained an industrial injury on 04/09/2014 when she reported injuring her left foot and ankle. The injured worker is currently off work. The injured worker is currently diagnosed as having contusion of ankle, contusion of toe, left ankle/foot pain, and mild swelling of bilateral legs. Treatment and diagnostics to date has included x-rays, left foot and ankle MRI, physical therapy, and medications. In a progress note dated 05/14/2015, the injured worker presented with complaints of ongoing pain and swelling. Objective findings include no limp and diffuse left lower extremity tenderness. The treating physician reported requesting authorization for triple phase bone scan of the left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Triple phase bone scan of the left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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

Decision rationale: This injured worker has chronic ankle pain. Per the ACOEM, for patients with continued limitations of activity after four weeks of symptoms and unexplained physical findings such as effusion or localized pain, especially following exercise, imaging may be indicated to clarify the diagnosis and assist reconditioning. Stress fractures may have a benign appearance, but point tenderness over the bone is indicative of the diagnosis and a radiograph or a bone scan may be ordered. Imaging findings should be correlated with physical findings. The records do not substantiate that the physical exam shows any point tenderness or red flags to warrant a bone scan. Additionally, an MRI was done in the past. The medical necessity of a bone scan is not substantiated.