

<b>Case Number:</b>	CM15-0118756		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	10/28/2013
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	06/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: California

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 50 year old male who sustained a work related injury October 28, 2013. While working in an attic, he stepped down on sheetrock and fell through the floor into the garage, breaking through a windshield of a car, with injury to his right foot and ankle. He was diagnosed with a sprained ankle and returned to work. The pain continued and an MRI was performed revealing an acute trabecular bone injury, involving the base, head and neck of the right first metatarsal and a non-displaced vertical fracture of the right talus along with a high grade partial tear of the calcaneofibular ligament and right peroneus brevis tendon. He was treated with ice therapy, elevation and crutches and takes Advil for pain. Past history included hypertension and hyperlipidemia. A qualified physician's medical examination, dated April 8, 2015, finds the injured worker with complaints of right ankle pain, rated 1-2/10 and improved by Advil. There is slight limitation with his dorsiflexion, however he is able to perform all activities of daily living as well as work activities. There is occasional soreness and discomfort walking up and down stairs. Physical examination revealed; no antalgia or lifting, able to heel toe walk and squat; right foot and ankle shows no significant tenderness or swelling along the medial aspect, there is mild tenderness along the lateral aspect and the dorsum of the right foot; range of motion right ankle dorsiflexion 40 degrees, plantar flexion 50 degrees, inversion 20 degrees and eversion 10 degrees. Diagnosis is documented as s/p right non-displaced talus fracture and ligamentous tear, healed. At issue, is the request for a CT scan of the right ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT scan of the right ankle:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot, Computed tomography (CT).

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

**Decision rationale:** According to the MTUS, disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies, e.g., magnetic resonance imaging (MRI). Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. This patient has mild pain over the lateral aspect of the foot, with an essentially negative examination. There are no red flags documented. CT scan of the right ankle is not medically necessary.