

<b>Case Number:</b>	CM15-0123771		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	10/16/2012
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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: Texas, Florida, 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 25 year old male who sustained an industrial injury on October 16, 2012. He has reported left foot and ankle pain and has been diagnosed with left ankle pain with possible pigmented villonodular synovitis. Treatment has included medical imaging, immobilization, boot, and physical therapy. He was able to flex and extend toes as well as dorsiflex and plantar flex at the ankle. There was tenderness to palpation over the anterolateral ankle joint line. There was mild pain with the manipulation of the hallux MP joint. MRI showed a heterogenous mass emanating from the ankle joint anteriorly as well as posteriorly along the ankle joint and posterior aspect of the subtalar joint. The treatment request included Laboratory test C&S.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Laboratory test C&S, QTY: 1:** Upheld

**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 National Library of Medicine <http://www.nlm.nih.gov/health/health-topics/topics/bdt/>.

**Decision rationale:** This claimant was injured in 2012. He has reported left foot and ankle pain and has been diagnosed with left ankle pain with possible pigmented villonodular synovitis. Treatment has included medical imaging, immobilization, boot, and physical therapy. He was able to flex and extend toes as well as dorsiflex and plantar flex at the ankle. There was tenderness to palpation over the anterolateral ankle joint line. MRI showed a heterogenous mass emanating from the ankle joint anteriorly as well as posteriorly along the ankle joint and posterior aspect of the subtalar joint. There is no mention that it was incised, or that a sample was taken for culture and sensitivity [C&S] testing. The MTUS and ODG are silent on clinical laboratory tests. Other resources were examined. The National Institutes of Health notes that such tests check for certain diseases and conditions, the function of organs, show how well treatments are working, diagnose diseases and conditions such as cancer, HIV/AIDS, diabetes, anemia, and coronary heart disease, find out if there are risk factors for heart disease, check whether medicines are working, or if blood is clotting. In this case, the doctor does not disclose the basis for culture and sensitivity. Ordinarily, it is done after incision and drainage of an infection, to help determine what antibiotics might work best. The request is appropriate non-certified under the medical sources reviewed