

Case Number:	CM15-0127877		
Date Assigned:	07/14/2015	Date of Injury:	03/11/2014
Decision Date:	09/02/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/01/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 year 22 old female who sustained an industrial injury on 3-11-14. The mechanism of injury is a left ankle crush injury as the left ankle was between a golf cart and pole. Diagnoses are status post injury to the left ankle and crush injury residuals. In a progress report dated 3-3-15, the treating physician notes the injured worker does have the brace but is still restricted. She is not able to do certain sports. She has pain with range of motion and complaints of weakness and stiffness of the ankle. In the most recent progress report made available, dated 4-7-15, the treating physician notes subjective complaints that the ankle does not feel stable and strong and there is instability on the ankle. Objective findings note instability on the ankle and pain with range of motion with exquisite pain and discomfort anteromedially, especially with motion. The treatment plan is an MRI, therapy, and a consultation with a foot and ankle surgeon. The left ankle MRI dictated report of 4-29-15 reveals a small nonspecific left ankle effusion which is decreased in size compared to a previous study- (3-27-14), MR scan of left ankle is otherwise unremarkable, the anterior talofibular ligament is intact, and previously described injuries have resolved. Work status is that she is working light work; office type. Previous treatment includes an aircast-brace, physical therapy for the left ankle, and MRI of the left ankle. The requested treatment is stress view xrays of the right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stress view x-rays of the right 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): 367-368.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for x-ray of the right ankle. The clinical documents lack documentation of right ankle pain, or other indication for a right ankle x-ray. The stated injured ankle in the documents is the left ankle. According to the clinical documentation provided and current MTUS guidelines; x-ray of the right ankle is not medically necessary to the patient at this time.