MAXIMUS Federal Services

Case Number:	CM15-0129331		
Date Assigned:	07/21/2015	Date of Injury:	09/11/2002
Decision Date:	08/21/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/03/2015

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: Minnesota, Florida
Certification(s)/Specialty: Orthopedic Surgery

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 59 year old male, who sustained an industrial injury on 9/11/2002. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include lumbar disc herniation, degenerative disc disease, posttraumatic ankle arthritis, status post multiple ankle surgeries. Treatments to date include walker for ambulation, oral medication and physical therapy and lumbar epidural injections. Currently, he complained of ongoing inflammation and pain in the right ankle. He complained of chronic low back pain with radiation to bilateral legs associated with numbness, tingling, weakness and giving way. On 6/10/15, the physical examination documented bilaterally positive straight leg raise tests. The plan of care included a CT of the right ankle to assess the status post the ankle fusion due to ongoing symptoms and inflammation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan Right Ankle: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Ankle & Foot (updated 6/22/15), Computed Tomography (CT).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation ODG: Section: Ankle and Foot, Topic: Computed Tomography.

Decision rationale: California MTUS guidelines indicate for patients with unexplained physical findings such as effusion or localized pain, especially following exercise, imaging may be indicated to clarify the diagnosis and assist reconditioning. The injured worker has a history of chronic ankle pain. Multiple surgical procedures have been performed including ankle fusion and 2 subsequent revisions. Although the x-rays show solid fusion, the documentation indicates continuing pain and inflammation in the ankle area, which is not explained by the x-rays. Although there is also evidence of radiculopathy and improvement of the pain after an epidural steroid injection, the continuing swelling and inflammation in the ankle area with associated pain warrants additional evaluation. ODG guidelines indicate CT scan of the ankle is recommended and provides excellent visualization of bone and is used to further evaluate bony masses and suspected fractures not clearly identified on radiographic window evaluation. As such, a CT scan of the ankle is supported and the medical necessity of the request has been substantiated.