

Case Number:	CM15-0170805		
Date Assigned:	09/11/2015	Date of Injury:	03/13/2015
Decision Date:	10/15/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/31/2015

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: Emergency 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 43-year-old female who sustained an industrial injury on March 13, 2015 resulting in left foot pain. Diagnoses are left fifth metatarsal spiral fracture, and sprain or strain of the left ankle. Documented treatment includes casting, Maxxtrac boot, crutches, and Ultracet and Tylenol for pain. The injured worker continues to present with tenderness, but physician report of 7-6-2015 states pain is improving. The treating physician's plan of care includes request for an x-ray of the left foot which was denied 8-11-2015 due to lack of documentation showing adequate length of time of conservative care and observation. The reviewer cited this as criteria in the ACOEM Guidelines as being necessary prior to ordering special studies. Current work status is stated as "return to modified work 8-15-2015."

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the left foot: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Special Studies, Summary.

Decision rationale: As per ACOEM guidelines, imaging of foot post trauma may be considered under certain criteria. Patient has known 5th metatarsal fracture that is being appropriately treated. Patient already had a recent MRI of the affected limb on 5/15 which was benign. Guidelines do not recommend routine imaging of ankle/foot. While there is documentation of "pain", documentation is poor with single sentence statement and a complete lack of any actual clinical information. Provider has not documented any rationale for testing and if there is concern for delayed or malunion of fracture. Poor documentation does not support foot x-ray. The request is not medically necessary.