

Case Number:	CM15-0173432		
Date Assigned:	09/15/2015	Date of Injury:	08/28/2014
Decision Date:	10/15/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/02/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 54 year old female, who sustained an industrial-work injury on 8-28-14. She reported initial complaints of right foot swelling and pain with suspected insect bite. The injured worker was diagnosed as having cellulitis of foot. Treatment to date has included medication, antibiotics, and diagnostics. Currently, the injured worker complains of chronic elbow, wrist, and neck pain. Per the primary physician's progress report (PR-2) on 3-11-15, exam was reported as normal with request for bone scan to rule out osteomyelitis. The internal medicine report of 8-6-15, noted testing order per podiatrist visit on 12-14-14 to include diagnostic testing (bone scan and MRI (magnetic resonance imaging) that were negative and diagnosis was cellulitis and not osteomyelitis. Exam noted no abnormalities. Current plan of care includes bone scan to rule out osteomyelitis for clearance for other surgery (carpal tunnel). The Request for Authorization date was 8-7-15 and requested service included Three-phase bone intensity scan of the right foot. The Utilization Review on 8-10-15 denied the request for testing due to lack of symptoms or abnormal findings to warrant need of for the testing with reference to the ODG (Official Disability Guidelines).

IMR ISSUES, DECISIONS AND RATIONALES

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

Three-phase bone intensity scan of the right foot: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

Decision rationale: The ACOEM chapter on foot and ankle complaints states: For patients with continued limitations of activity after four weeks of symptoms and unexplained physical findings such as effusion or localized pain, especially following exercise, imaging may be indicated to clarify the diagnosis and assist reconditioning. Stress fractures may have a benign appearance, but point tenderness over the bone is indicative of the diagnosis and a radiograph or a bone scan may be ordered. Imaging findings should be correlated with physical findings. Bone scans can be indicated for the evaluation of infection and stress fracture. Previous MRI and bone scan have been negative. There are no new findings on physical exam. Therefore the request is not medically necessary.