

<b>Case Number:</b>	CM15-0174780		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	10/16/2013
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: Physical Medicine & Rehabilitation

### 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 38 year old male, who sustained an industrial injury on October 16, 2013. The injured worker was diagnosed as having osteoarthritis unspecified ankle or foot, edema, and pain (arm, leg, limb, foot). On July 23, 2014, the injured worker reported ongoing left ankle pain and discomfort over 4-5 months. His pain has minimally decreased with his use of Ibuprofen and an ace bandage on the left ankle. There was no change in his activity or job duties since the last visit. He walked with full weight-bearing and accommodative sneakers. The physical exam revealed a dry, clean, and intact splint and dressing on the left lower extremity. There was left ankle dorsiflexion with knee extended of 10 degrees actively and 15 degrees passively and plantar flexion of 50 degrees without pain or discomfort. There was mild left ankle edema, no pain with dorsiflexion and plantar flexion, crepitus and pain upon inversion and eversion, and a healed and well coapted surgical site without a hypertrophic scar formation or sensitivity to touch. There was palpable hardware on the left ankle medial aspect without pain, ability to balance up to 5 seconds barefoot on the left lower extremity, and increased stability to 15 seconds with shoes. Per the treating physician, full weight-bearing x-rays of the left ankle performed in the office revealed uneven joint narrowing of the medial and lateral gutter. There was no displacement of the hardware, but there was prominent hardware on the medial malleolus. On October 30, 2013, a CT scan of the left ankle revealed a displaced impacted intraarticular comminuted fracture of the distal tibia resulting in mortise incongruity. Surgeries to date include an open reduction and internal fixation of a left ankle fracture on November 6, 2013 and removal of syndesmotom screw on January 29, 2014. Treatment has included accommodative shoe wear, a splint and dressing, ace wrap, and non-steroidal anti-inflammatory medication. The injured worker was to continue working full duty without restrictions. The treatment plan included a CT scan of the left ankle.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Computed tomography (CT) scan of the left ankle:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot - CT.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter, under Computed Tomography.

**Decision rationale:** The current request is for a Computed tomography (CT) scan of the left ankle. Treatment has included open reduction and internal fixation of a left ankle fracture on November 6, 2013 and removal of syndesmotic screw on January 29, 2014, accommodative shoe wear, a splint and dressing, ace wrap, physical therapy and non-steroidal anti-inflammatory medication. The patient is working. ODG Guidelines, Ankle & Foot Chapter, under Computed Tomography states the following: "Recommended. CT provides excellent visualization of bone and is used to further evaluate bony masses and suspected fractures not clearly identified on radiographic window evaluation." Per report 07/23/15, the patient reported ongoing left ankle pain over 4-5 months. The patient is status post open reduction and internal fixation of a left ankle fracture on November 6, 2013 and removal of syndesmotic screw on January 29, 2014. The physical examination revealed a dry, clean, and intact splint and dressing on the left lower extremity. There was left ankle dorsiflexion with knee extended of 10 degrees actively and 15 degrees passively and plantar flexion of 50 degrees without pain or discomfort. There was mild left ankle edema, and pain upon inversion and eversion. Full weight-bearing x-rays of the left ankle was performed in the office which revealed uneven joint narrowing of the medial and lateral gutter. There was no displacement of the hardware, but there was prominent hardware on the medial malleolus. The treater recommended a CT scan of the left ankle "for further evaluation of the extent of osteoarthritis" and states that the patient is a possible candidate for ankle arthropathy and ankle fusion. The patient had a CT scan prior to surgery; however, there is no indication of a CT scan done following surgery. Given the patient's ongoing pain and examination findings, an updated CT scan prior to considering surgery is reasonable and supported by ODG. This request is medically necessary.