

Case Number:	CM15-0063659		
Date Assigned:	04/09/2015	Date of Injury:	04/04/2001
Decision Date:	05/08/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/03/2015

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: New Jersey

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 61 year old male who sustained an industrial injury on 04/04/2001. Diagnoses include failed back surgery syndrome, chronic low back pain, bilateral ankle pain, and chronic opioid use. Treatment to date has included diagnostic studies, medications, steroid injections, and home exercise program. A physician progress note dated 02/17/2015 documents the injured worker has continued low back pain, bilateral ankle and hand pain. The injured worker received a steroid injection to the ankle which helped with the pain. Both ankles have limited internal and external rotation. Pain level is rated 5 with medications and rated a 10 without medications on a scale of 1-10. Treatment requested is for CT of the right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT of the right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372, 375.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374. Decision based on Non-MTUS Citation ODG, Ankle and Foot section, Computed tomography (CT).

Decision rationale: The MTUS ACOEM Guidelines state that for foot or ankle injuries/disorders, special studies are usually not needed until after a period of conservative care and observation. Routine testing is not recommended during the first 4-6 weeks or activity limitation except when a red flag noted on history or examination raises suspicion of a dangerous foot or ankle condition or of referred pain. Imaging, may be considered after this initial period of conservative care and observation if there is continued limitation of activity and unexplained physical findings such as effusion or localized pain, especially following exercise, in order to help clarify the diagnosis and assist reconditioning. Immediately after an ankle injury, X-ray may be appropriate if the Ottawa Criteria are met or when there is sudden swelling and bruising, if the patient is 55 years old or older, if the injury was high-velocity, if there was obvious dislocation/subluxation, or if the patient cannot bear weight for more than four steps. Also, the ODG states that CT scans of the ankle or foot may be considered in certain situations, but only after standard X-rays have been used and more detail is needed. Ankle/Foot CT scans are generally recommended as it provides excellent visualization of bone and is used to further evaluate bony masses and suspected fractures not clearly identified on radiographic window evaluation. In the case of this worker, although there was a history of chronic right and left ankle pain, there was insufficient information found in the documentation as to what the diagnosis was, nor was there any explanation as to why the CT scan was recommended for the right ankle. Also, there was no record of any standard multiview x-rays of the ankle which would need to be considered before any consideration for a CT scan. Therefore, the request for CT scan of the right ankle will be considered medically unnecessary.