

<b>Case Number:</b>	CM15-0067080		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	05/06/2010
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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: Preventive Medicine, Occupational 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:

This 53 year old woman sustained an industrial injury on 5/6/2010. The mechanism of injury is not detailed. Evaluations include lumbar spine MRI. Diagnoses include lumbar radiculopathy second to herniation with myelopathy, internal derangement of the knee, depression, and cervicalgia. Treatment has included oral and topical medications and part of a functional restoration program, however, the worker had to quit after four weeks when her mother died. Physician notes dated 2/23/2015 show complaints of neck, low back, right knee, and hip pain rated 8/10 that is noted to be worsening. The worker stated the right knee and ankle are the worst. Recommendations include right knee and ankle x-rays, orthopedic surgeon consultation, second opinion surgical consultation, Gabapentin, Naproxen, Menthoderm, Venlafaxine ER, and Trazadone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) x-ray for right ankle:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), [www.odg-twc.com](http://www.odg-twc.com);Section:Ankle & Foot (Acute & Chronic), (Updated 7/29/2014).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 24/364,365.

**Decision rationale:** MTUS Guidelines do not support diagnostic studies without a reasonable examination and recent medical history of the involved area. There is no detailed medical history of the ankle problem. There is no detailed physical examination of the ankle. Under this circumstance, diagnostic studies of the ankle are not supported by MTUS Guidelines. Therefore the request is not medically necessary.