

Case Number:	CM15-0067388		
Date Assigned:	04/15/2015	Date of Injury:	08/27/2007
Decision Date:	05/22/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/09/2015

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 York, West Virginia, Pennsylvania
 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 41-year-old male, with a reported date of injury of 08/27/2007. The diagnoses include left foot/ankle sprain contusion. Treatments to date have included physical therapy, oral medications, x-rays of the knee, x-rays of the femurs, x-rays of the tibia, x-rays of the left ankle, x-rays of the left foot, and x-ray of the left heel. The progress report dated 03/16/2015 indicates that the injured worker stated that therapy was very helpful and he wanted to continue. It was noted that the injured worker was slowing improving. The objective findings include no signs/symptoms of infection, mild swelling, no gross instability, no acute neuro changes, and the overlying skin looked good. The treating physician requested two x-rays (illegible) (date of service: 02/06/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

(DOS 2/6/15) 2 X-rays (illegible): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

Decision rationale: Guidelines state that imaging may be indicated to clarify diagnosis and assist reconditioning in patients with continued limitations of activity after 4 weeks of symptoms. In this case, although xrays may be indicated, there needs to be documentation of the type of xray that is being requested. Since the current report is not legible as to what part of the body the xray is being requested, the request is not medically appropriate and necessary.