

Case Number:	CM15-0072439		
Date Assigned:	04/22/2015	Date of Injury:	03/17/2014
Decision Date:	05/20/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50 year old female with an industrial injury dated March 17, 2014. The injured worker diagnoses include diabetes mellitus, closed fracture of unspecified part of fibula with tibia, closed bimalleolar fracture, abnormality of gait and peroneal tendinitis. She has been treated with diagnostic studies, prescribed medications, and periodic follow-up visits. According to the progress note dated 3/17/2015, the injured worker presented for follow-up of left ankle malunion. Objective findings revealed moderate to severe pain on palpitation at anterior syndesmosis along the tibial plafond/ Tilluax fragment and moderate pain also elicited with stress external rotation of the ankle. The treating physician reported that based on the 24 hour scan and 6 hour scan, there appeared to be diminished bony circulation and impaired microvascular blood flow. The treating physician prescribed non-invasive vascular studies now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Non-invasive vascular studies: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://emedicine.medscape.com/article/1839449-overview>;

[http://www.sciencedirect.com/science/articale/pii/S07415214143007106;](http://www.sciencedirect.com/science/articale/pii/S07415214143007106)
[http://emedicine.medscape.com/article/423649-overview.](http://emedicine.medscape.com/article/423649-overview)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Gerhard-Herman M, Gardin JM, Jaff M, Mohler E, Roman M, Naqvi TZ. Guidelines for Noninvasive Vascular Laboratory Testing: A Report from the American Society of Echocardiography and the Society of Vascular Medicine and Biology. J Am Soc Echocardiogr 2006; 19: 955-972.

Decision rationale: The claimant is more than one-year status post work-related injury to the left ankle. She underwent closed reduction of a fracture and has a possible nonunion. Testing has included a bone scan suggesting decreased circulation bilaterally in the feet and ankles. The claimant's past medical history includes diabetes. Noninvasive vascular studies were requested for further assessment. Indications for obtaining noninvasive vascular studies include for the assessment of healing potential. In this case, the claimant is more than one-year status post injury and additional treatment is being considered, including surgical intervention. Requesting vascular studies to assess the potential for healing is medically necessary.