

Case Number:	CM15-0084439		
Date Assigned:	05/06/2015	Date of Injury:	02/27/2014
Decision Date:	11/12/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/01/2015

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, North Carolina
 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 female, who sustained an industrial injury on 2-27-14. Medical records indicate that the injured worker is undergoing treatment for a contusion of the lower leg, open wound knee-leg-ankle, ankle joint pain, chronic ankle sprain-strain, anxiety and depression. The injured workers current work status was not indicated. On (3-16-15) the injured worker complained of pain in the distal one third of the anterior right leg extending to the ankle, with associated paresthesia. Examination of the right ankle revealed no deformities and discoloration over the medial aspect of the tibia. Crepitation and some laxity were noted with drawer stressing of the right ankle. Range of motion was good. Pain was noted at the end of the range of motion. Treatment and evaluation to date has included medications, MRI of the right ankle and physical therapy. The MRI (2-9-15) of the right ankle revealed no fracture ligamentous injury and arthritic changes of the posterior subtalar joint. A current medication list was not provided in the medical records. Current request is for an x-ray of the right tibia. The Utilization Review documentation dated 4-30-15 non-certified the request for an x-ray of the right tibia.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the right tibia: 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), Knee and Leg Chapter, Radiography Section and www.ncbi.nlm.nih.gov/pubmed/23760179 and www.ncbi.nlm.nih.gov/pubmed/25337963.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & leg (radiography).

Decision rationale: In this case, the date of injury was 20 months ago, in February 2014, at which time the claimant suffered a right ankle sprain and contusion of the right distal tibia. An MRI of the ankle was performed which documented osteoarthritis of the subtalar joint and a moderate calcaneal spur. The request is now for a right tibial x-ray. There are no red flags to justify an x-ray at this time. There are no objective findings of osseous pathology, fracture or other bone disease documented. There is no previous history of ankle fracture necessitating an x-ray of the tibia. There has been no recent trauma. Based on the records provided for review, there is no rationale provided for a tibial x-ray. The request is not medically necessary.