

Case Number:	CM15-0090477		
Date Assigned:	05/14/2015	Date of Injury:	02/17/2015
Decision Date:	06/29/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/11/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 60 year old female with a February 17, 2015 date of injury. A progress note dated March 12, 2015 documents subjective findings (back pain; left shoulder pain; bilateral wrist and hand pain; left ankle pain; radiating pain of the legs with numbness), objective findings (tenderness to palpation of the cervical spine; trigger points of the bilateral trapezius muscles; decreased range of motion of the cervical spine; tenderness to palpation of the thoracic spine with decreased range of motion; lumbar spine tenderness to palpation and decreased range of motion; left shoulder tenderness to palpation and decreased range of motion; left wrist swelling; bilateral wrist tenderness to palpation and decreased range of motion; left thumb decreased range of motion and tenderness to palpation; decreased motor strength of the left shoulder and left hand; decreased sensation of the bilateral upper extremities; mild swelling of the left ankle with tenderness to palpation and decreased range of motion), and current diagnoses (cervical musculoligamentous sprain/strain with radiculitis; thoracic musculoligamentous sprain/strain; lumbosacral spine discogenic disease with radiculitis; left shoulder tendinosis; bilateral carpal tunnel syndrome; history of left thumb and long trigger fingers; left thumb tenosynovitis; left thumb osteoarthritis; left ankle sprain/strain). Treatments to date have included medications, hot and cold unit, and an interferential unit. The treating physician documented a plan of care that included an x-ray of the left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray left ankle: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); (20th annual edition) Treatment in Workers Compensation (TWC) (13th annual edition), 2015, Foot/Ankle Chapter - Radiography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372 and 373.

Decision rationale: ACOEM states that radiographs or special studies are not recommended during the first month of activity limitation except when red flags are present. An initial physician review recommended non-certification since the patient has multifocal complaints not specifically emphasizing the ankle. However, the symptoms in the ankle are longstanding and there are notable physical examination findings at the left ankle, including swelling, tenderness to palpation, and decreased range of motion. Further evaluation of these findings is supported by the guidelines whether related to a focal ankle condition or a generalized condition also affecting the ankle. The request is medically necessary.