

<b>Case Number:</b>	CM15-0091389		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	04/27/2010
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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 Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 42 year old male, who sustained an industrial injury on April 27, 2010. The injured worker was diagnosed as having open reduction internal fixation (ORIF) right tibia fibula fracture, post traumatic right ankle degenerative joint disease (DJD), status post hardware removal. Treatment to date has included surgery and medication. A progress note dated April 22, 2015 the injured worker complains of right ankle pain rated 6/10 without medication and 4/10 with medication. Physical exam notes tenderness on palpation over right ankle surgical scars at hardware site and a normal gait. There is decreased range of motion (ROM). CAT scans and X-rays were reviewed. The plan includes updated x-rays, injection, lab work and medication changes.

### 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 ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377.

**Decision rationale:** According to MTUS guidelines, x-ray of the foot and ankle is recommended in case of suspicion of fracture, or injury that has signs identified in Ottawa criteria ankle rule or heel spur. There is no documentation that the patient developed any of the above conditions. Therefore, the request for x-ray of the right ankle is not medically necessary.