

<b>Case Number:</b>	CM15-0093935		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	03/14/2014
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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

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 46 year old female, who sustained an industrial injury on March 14, 2014. Treatment to date has included medication, chiropractic therapy, acupuncture therapy, TENS unit, and home exercise program. Currently, the injured worker complains of neck pain, low back pain, and left ankle discomfort. She rates the pain a 5 on a 10-point scale and notes that the pain is increased with prolonged standing, with repetitive bending and with navigation of stairs. She exhibits tenderness to palpation over the trapezius muscle, the lumbar paraspinal muscles and the lateral malleolus region of the left ankle. There is no swelling, edema, erythema or gross deformity of the left ankle and the range of motion was nearly within normal limits. The Diagnoses associated with the request include cervical sprain/strain, lumbar sprain/strain and ankle sprain. The treatment plan includes left ankle x-ray and TENS patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray of the left ankle Qty 1:** 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): 373-4.

**Decision rationale:** Regarding the request for x-ray of the ankle, CA MTUS and ACOEM guidelines support their use in the evaluation of red flags, but routine plain-film radiographs for ankle injuries or soft tissue diagnoses are not recommended. Within the documentation available for review, it appears the patient has undergone an x-ray previously with no significant findings noted. There is no indication of any significant change in symptoms/findings since the time of the previous radiograph or another clear rationale for repeating the study. In the absence of clarity regarding those issues, the currently requested repeat x-ray of the ankle is not medically necessary.