MAXIMUS Federal Services

Case Number:	CM15-0096789		
Date Assigned:	05/27/2015	Date of Injury:	03/14/2015
Decision Date:	06/26/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/19/2015

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: Preventive Medicine, Occupational 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 64 year old male, who sustained an industrial injury on 3/14/15. He reported left foot, right shoulder and back injuries. The injured worker was diagnosed as having thoracic/lumbosacral neuritis/radiculitis, sprains and strains of lumbar musculature and shoulder impingement. Treatment to date has included physical therapy and medications. Currently, the injured worker complains of achy, severe low back pain with radiation to left leg rated 8/10, intermittent moderate dull, achy right shoulder pain rated 7/10 and intermittent left ankle pain radiating to bottom of foot with numbness rated 8/10. Physical exam noted tenderness to palpation of the left SI joint and lumbar paravertebral muscles with spasm of lumbar paravertebral muscles, decreased range of motion of right shoulder with tenderness to palpation of the anterior shoulder and posterior shoulder and tenderness to palpation of the Achilles tendon, anterior ankle and plantar heel with decreased range of motion. A request for authorization was submitted for x-rays of lumbar spine, right shoulder and left ankle/foot.

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 foot: Overturned

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): 372 and 373. Decision based on Non-MTUS Citation American College of Radiology, Appropriateness Criteria for Imaging Acute Trauma to Foot, Revised 2014.

Decision rationale: X-rays are a form of electromagnetic radiation used to image the body. The image or radiograph can be used to detect acute and chronic changes to the bones and tissues of the area of the body being looked at. Plain foot radiographs are most appropriate for patients with acute foot symptoms, acutely as follow-up for surgical treatment to the bones of foot joints or as the first imaging study for chronic foot pain. A Magnetic Resonance Imaging (MRI) procedure should be performed as a second study or when the provider wants to clarify the anatomy of the region as it can identify acute injuries (e.g. fractures, dislocations, infections), mechanical injuries (ligament or tendon strains), degenerative disorders (arthritis, tendinitis) or masses, tumors or cysts. ACOEM guidelines as well as the guidelines published by the American College of Radiology suggest using plain film x-rays of the foot acutely when there are signs/symptoms of bone injuries, infections or tumors and/or if still symptomatic after 4 weeks of conservative care. Review of the available medical records on this individual reveals no improvement in symptoms for over 4 weeks of conservative care. Therefore, this request is medically necessary.

X-Ray of the left ankle: Overturned

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 and 373. Decision based on Non-MTUS Citation American College of Radiology, Appropriateness Criteria for Imaging Chronic Ankle Pain, Revised 2012.

Decision rationale: X-rays are a form of electromagnetic radiation used to image the body. The image or radiograph can be used to detect acute and chronic changes to the bones and tissues of the area of the body being looked at. Plain ankle radiographs are most appropriate for patients with acute ankle symptoms following the Ottawa Rules, as follow-up for surgical treatment to the bones of this joint, or as the first imaging study to use for chronic ankle pain. A Magnetic Resonance Imaging (MRI) procedure should be performed as a second study or when the provider wants to clarify the anatomy of the region as it can identify acute injuries (e.g. fractures, dislocations, infections), mechanical injuries (ligament or tendon strains), degenerative disorders (arthritis, tendinitis) or masses, tumors or cysts. ACOEM guidelines as well as the guidelines published by the American College of Radiology suggest using plain film x-rays of the ankle acutely when there are signs/symptoms of bone injuries, infections or tumors and/or if still symptomatic after 4 weeks of conservative care. Review of the available medical records on this individual reveals no improvement in symptoms for over 4 weeks of conservative care. Therefore, this request is medically necessary.