

<b>Case Number:</b>	CM15-0098479		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	07/25/2006
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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:

The injured worker is a 51 year old female, who sustained an industrial/work injury on 7/25/06. She reported initial complaints of right ankle and knee pain. Recent fall injured the left foot. The injured worker was diagnosed as having s/p anterior cervical discectomy and fusion of C5-6, left upper extremity radiculitis/neuritis, s/p left shoulder arthroscopy. Treatment to date has included medication, diagnostics, and surgery (cervical discectomy on 12/20/13, left shoulder arthroscopy). X-Rays results were reported on 1/7/15 of left foot that was normal. Currently, the injured worker complains of left foot pain after fall. Per the primary physician's progress report (PR-2) on 1/29/15, there was back pain and knee pain along with left foot pain with multiple contusions with recent fall. Current plan of care included x-ray of left foot and medication for pain management. The requested treatments include Retro X-Ray of the Left Foot 3 views.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro X-Ray of the Left Foot 3 views:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** This patient suffered a recent fall and was able to ambulate after that fall. ACOEM Chapter 14 Ankle/Foot recommends an initial period of observation unless there are red flags. The records do not provide a rationale or differential diagnosis to support an x-ray of the ankle at this time. Therefore, the requested medical treatment is not medically necessary.