

Case Number:	CM13-0053308		
Date Assigned:	12/30/2013	Date of Injury:	07/09/2011
Decision Date:	06/04/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/18/2013

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in California and Virginia. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 48 year-old male who sustained an injury to his left ankle on 07/09/11 due to a left foot crush injury at work when a heavy weight hit his foot. The injured worker subsequently underwent fusion and external fixation. Nine days later in 07/11 the cadaver bone was inserted into the ankle. In 2012, the pins were removed. In 07/12 all hardware was removed. Pain decreased following the procedure, but pain had increased with cold weather and vibration. The most-recent clinical note dated 12/17/13 reported that the injured worker was diagnosed with ankle/foot enthesopathy, left tibia-fibula fracture, residual fracture site pain in the tibia and fibula, focal multiple Mononeuropathy of the sensory nerves of the distal left lower extremity and impaired sleep from chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

UNKNOWN X-RAYS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370-374.

Decision rationale: The request for unknown x-rays is not medically necessary. ACOEM states that for injured workers with continued limitations of activity after four weeks of symptoms and unexplained physical findings such as effusion or localized pain, especially following exercise, imaging may be indicated to clarify the diagnosis and assist reconditioning. Stress fractures may have a benign appearance, but point tenderness over the bone is indicative of the diagnosis and radiograph or bone scan may be ordered. Imaging findings should be correlated with physical findings. Although the pathology of the injured worker supports the need for multiple imaging studies including plain radiographs, the location of the radiographs and the dates that the radiographs were taken need to be specified in order to support the request; therefore, the request for unknown x-rays cannot be indicated as medically necessary. Given the clinical documentation submitted for review, medical necessity of the request for unknown x-rays has not been established. Therefore the request is not medically necessary.