

Case Number:	CM13-0045762		
Date Assigned:	12/27/2013	Date of Injury:	09/11/2008
Decision Date:	12/04/2015	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/12/2013

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. 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: Emergency 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 9-11-2008. Several documents in the provided medical records are difficult to decipher. The injured worker was being treated for status post subtalar fusion, Achilles tendon release, and hind foot fusion. The injured worker (7-16-2013) reported ongoing weakness over the lateral aspect of the foot and ankle. The treating physician noted the injured worker continues to use a CAM walker. The physical exam (7-16-2013) reveals ability to get to a neutral position when pushing on the plantar aspect of his foot with knee bent. The treating physician noted under the 5th metatarsal he goes into a plantigrade position with neutral varus-valgus of the hind foot and decreased swelling. Per the treating physician (7-16-2013 report), x-rays on this date revealed almost radiographically healed subtalar fusion. Surgeries to date have included a subtalar fusion, correctional fusion of deformity, a bone graft, Achilles tendon lengthening, and peroneal tendon repair on 3-11-2013. Treatment has included home health care, a moon boot, a CAM walker, casting, a scooter, a bone stimulator, and medications. The requested treatments included one x-ray. On 10-18-2013, the original utilization review modified a request for one x-ray to one x-ray of the left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 X-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Ankle and Foot (Acute and Chronic), X-Ray.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Special Studies.

Decision rationale: The requested 1 X-ray is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 14, Ankle and Foot Complaints, Special Studies and Diagnostic and Treatment Considerations, Page 373-374, recommend radiographs only with documented red flag conditions, after conservative treatment trials. The injured worker was being treated for status post subtalar fusion, Achilles tendon release, and hind foot fusion. The injured worker (7-16-2013) reported ongoing weakness over the lateral aspect of the foot and ankle. The treating physician noted the injured worker continues to use a CAM walker. The physical exam (7-16-2013) reveals ability to get to a neutral position when pushing on the plantar aspect of his foot with knee bent. The treating physician noted under the 5th metatarsal he goes into a plantigrade position with neutral varus-valgus of the hind foot and decreased swelling. Per the treating physician (7-16-2013 report), x-rays on this date revealed almost radiographically healed subtalar fusion. Surgeries to date have included a subtalar fusion, correctional fusion of deformity, a bone graft, Achilles tendon lengthening, and peroneal tendon repair on 3-11-2013. Treatment has included home health care, a moon boot, a CAM walker, casting, a scooter, a bone stimulator, and medications. The requested treatments included one x-ray. On 10-18-2013, the original utilization review modified a request for one x-ray to one x-ray of the left ankle. The treating physician has not documented the medical necessity for x-rays other than for the left ankle. The criteria noted above not having been met, 1 X-ray is not medically necessary.