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Independent Medical Review
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MAXIMUS Federal Services

Independent Medical Review Final Determination Letter

[redacted]

Dated: 12/22/2013

Employee:	[redacted]
Claim Number:	[redacted]
Date of UR Decision:	8/1/2013
Date of Injury:	10/18/1999
IMR Application Received:	8/6/2013
MAXIMUS Case Number:	CM13-0007835

DEAR [redacted]

MAXIMUS Federal Services has completed the Independent Medical Review ("IMR") of the above workers' compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers' Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers' Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [redacted]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. 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 physician 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.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [redacted]
- [redacted]
- [redacted]
- [redacted]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 56-year-old female who reported an injury on 10/18/1999. The mechanism of injury was not provided for review. The patient had chronic ankle pain and knee pain. The patient underwent an knee arthroscopy in 2001 and 2003. The patient's chronic ankle sprain was treated conservatively with physical therapy, acupuncture, medications, and activity modification. The patient had tenderness to palpation over the lateral malleolus anterior ankle joint, joint effusion, and decreased ankle range of motion. The patient's diagnoses included right knee patellofemoral arthritis and chronic right ankle sprain. The patient's treatment plan included a right ankle ultrasound and continued medications.

IMR DECISION(S) AND RATIONALE(S)

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

1. An ultrasound of the right ankle is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines, Knee & Leg Chapter, and the Ankle & Foot Chapter, which are not a part of the MTUS.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on on the Official Disability Guidelines (ODG), Ankle and Foot Chapter.

The Physician Reviewer's decision rationale:

This employee does have a chronic ankle sprain. The ODG recommend diagnostic ultrasounds for, chronic foot pain, burning pain and paresthesias along the plantar surface of the foot and toes, suspected of having tarsal tunnel syndrome; chronic foot pain, pain in the 3-4 web space

with radiation to the toes; or if Morton's neuroma is clinically suspected; and for chronic foot pain of a young athlete presenting with localized pain at the plantar aspect of the heel and if plantar fasciitis is suspected clinically. The clinical documentation submitted for review does provide evidence that the employee has on-going complaints and symptoms to include swelling and reduced range of motion. However, the clinical documentation does not address the recommended criteria for diagnostic ultrasounds of the ankle. As there are no clinical indications to support the need for diagnostic ultrasound, the test would not be indicated. **The request for an ultrasound of the right ankle is not medically necessary and appropriate.**

/dso

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[redacted]

CM13-0007235