

<b>Case Number:</b>	CM13-0068714		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/15/2012
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 Occupational Medicine, and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for a closed metatarsal fracture, metatarsalgia, and chronic foot pain reportedly associated with an industrial injury of August 15, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compound; opioid therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated November 26, 2013, the claims administrator denied a request for ankle ultrasound testing, citing non-MTUS-ODG Guidelines on therapeutic ultrasound. The claims administrator did not, it is incidentally noted, clearly label said guidelines. The claims administrator did state whether the ultrasound in question was diagnostic or therapeutic. The claims administrator stated that the applicant already had an established diagnosis of tendinitis noted on recent MRI imaging of the effected foot of September 7, 2013. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated December 17, 2013, the applicant was given primary diagnosis of left second and third metatarsal fractures with residual angulation, chronic foot pain secondary to Morton's neuroma, and mechanical low back pain secondary to SI joint dysfunction. On September 23, 2013, the applicant's treating provider suggested that the applicant had metatarsalgia, chronic foot pain, and metatarsal fracture, possibly a function of a lumbar radiculopathy. A lumbar MRI and electrodiagnostic testing of the lower extremity were sought, along with a diagnostic injection of the left ankle. The applicant was returned to regular duty work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **ONE 1 ULTRASOUND OF THE LEFT METATARSOPHALANGEAL JOINTS VERSUS LEFT TARSOMETATARSAL JOINTS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): Table 1, Chronic Pain Treatment Guidelines Therapeutic Ultrasound topic Page(s): 123. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM V.3, Ankle and Foot, Summary of Recommendations and Evidence, Summary of Recommendations, Table 1, Summary of Recommendations for Diagnostic and Other Testing for Ankle and Foot Disorders.

**Decision rationale:** As noted by the utilization reviewer, it was not clearly stated whether or not this represented a request for diagnostic ultrasound or therapeutic ultrasound. As noted on page 123 of the MTUS Chronic Pain Medical Treatment Guidelines, however, therapeutic ultrasound is "not recommended" in the treatment of chronic musculoskeletal pain, as is present here. The MTUS does not specifically address the topic of diagnostic ultrasound testing for the ankle. While the Third Edition ACOEM Guidelines do recommend ultrasound for evaluation of soft tissue injury associated with select displaced fractures or suspected malleolar stress fractures of the foot and ankle, in this case, however, it was not clearly stated what was suspected. It was not clearly stated what was sought. As noted previously, it was never clearly stated whether the request represented a diagnostic ultrasound or a therapeutic ultrasound. No medical rationale or narrative commentary was attached to the request for authorization or to the application for Independent Medical Review so as to offset/augment the guideline recommendations. Therefore, the request is not medically necessary.