

Case Number:	CM13-0068850		
Date Assigned:	01/03/2014	Date of Injury:	01/02/2013
Decision Date:	05/27/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/20/2013

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 Orthopedic Surgery, 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:

According to the records made available for review, this is a 37-year-old male with a 1/2/13 date of injury. At the time (12/13/13) of the decision for ultrasound of the left ankle, there is documentation of subjective (continued complaints) and objective (swelling of the left ankle, tenderness, and a limp) findings, imaging findings (X-rays were normal, MRI revealed normal findings), current diagnoses (left ankle tenosynovitis and left foot contusion), and treatment to date (exercises and medication).

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRASOUND OF THE LEFT ANKLE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Ankle, Ultrasound, diagnostic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-373. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter.

Decision rationale: ACOEM Guidelines indicate routine testing (i.e., laboratory tests, plain-film radiographs of the foot or ankle, and special imaging studies) is not recommended during the

first month of activity limitation, except when a red flag noted on history or examination raises suspicion of a dangerous foot or ankle condition or of referred pain. ODG identifies chronic foot pain and burning pain and paresthesias along the plantar surface of the foot and toes, suspected of having tarsal tunnel syndrome; pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspected; or a young athlete presenting with localized pain at the plantar aspect of the heel, plantar fasciitis is suspected clinically, as criteria necessary to support the medical necessity of diagnostic ultrasound of the foot/ankle. Within the medical information available for review, there is documentation of diagnoses of left ankle tenosynovitis and left foot contusion. In addition, there is documentation of chronic pain. However, there is no documentation of burning pain and paresthesias along the plantar surface of the foot and toes, suspected of having tarsal tunnel syndrome; pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspected. Therefore, based on guidelines and a review of the evidence, the request for an ultrasound of the left ankle is not medically necessary.