

Case Number:	CM14-0026005		
Date Assigned:	06/13/2014	Date of Injury:	10/31/2013
Decision Date:	07/28/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/28/2014

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 General 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. 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 60-year-old female who was injured on 2/24/10 when she tripped over some cables causing her to fall forward and striking her chest on the director's chair. She then landed on her right side on the cement floor. Injuries were sustained to her neck, right shoulder, back, right hip, right foot and ankle, right ribcage and chest area. On 4/24/11 the patient put her right foot onto some steps and landed on her back. She attempted to break her fall by holding onto a rail with her right hand and this jerked her right shoulder. She was then involved in an motor vehicle accident (MVA) on 7/22/13, which aggravated her symptoms.

The prior treatment included physical therapy. Examination of the right ankle and foot on 1/20/14 showed tenderness over the lateral ligament complex and over the anterior tibiotalar joint, 1+ laxity with inversion stress, extension to 20 degrees, flexion to 38 degrees, inversion to 28 degrees and eversion to 19 degrees. There was decreased sensation involving the right lower extremity in the L3 and L4 dermatomes. The diagnoses were cervical musculoligamentous sprain/strain, thoracolumbar musculoligamentous sprain/strain, right shoulder impingement syndrome, right elbow lateral epicondylitis, right wrist sprain, right hip contusion/strain, right ankle sprain, stomach upset and stress and anxiety. The recommended treatment was ultrasound of the right ankle to rule out ligament tear and possible need for more invasive treatment. On 1/31/14, the request for diagnostic ultrasound right ankle was denied as ODG criteria were not met.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAGNOSTIC ULTRASOUND RIGHT ANKLE: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic), Ultrasound, diagnostic Other Medical Treatment Guideline or Medical Evidence: Br J Radiol. 2014 Jan;87(1033):20130406. doi: 10.1259/bjr.20130406. Value of ultrasonography for detecting chronic injury of the lateral ligaments of the ankle joint compared with ultrasonography findings. Cheng Y1, Cai Y, Wang Y.

Decision rationale: The ACOEM is silent with regard to ankle ultrasound making no recommendations for or against. The ODG finds that there are indications, but that ultrasound is less sensitive than MRI for chronic injuries. However the improvement in technology and increased utility of the ultrasound for ankle anatomy is borne out by recent medical literature. (see citation above) Given the chronicity of ankle symptoms and the possibility of a chronic partial tear of the lateral ligament complex, the diagnostic ultrasound as requested is reasonable and represents a cost effective diagnostic tool in the screening of ankle injuries. Therefore the request is medically necessary.