

Case Number:	CM14-0053073		
Date Assigned:	07/07/2014	Date of Injury:	01/28/2013
Decision Date:	09/15/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/21/2014

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 Internal Medicine Pulmonary Diseases 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 injured worker is a 55-year-old male who reported an injury on 01/28/2013. The mechanism was that he was trying to stop a heavy car from rolling down a hill. On 12/04/2013 the injured worker presented with left calf and Achilles pain with weakness and swelling. Upon examination of the left leg/ankle, there was tenderness to palpation over the gastrocnemius and 4/5 strength. Over the left ankle dorsi/plantar flexion there was mild swelling and tenderness over the Achilles. The injured worker's feet were sensitive to light touch bilaterally with no edema. The diagnoses were left gastrocnemius strain and wound healing delayed. Prior therapy included medications. The provider recommended and ultrasound of the left lower extremity. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter: Ultrasound, Diagnostic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

Decision rationale: The request for an ultrasound of the left lower extremity is not medically necessary. The California MTUS/ACOEM Guidelines state for most cases presenting with true foot and ankle disorders, special studies are not needed until after a period of conservative and observation. Most ankle and foot problems improve quickly once any red flag issues are ruled out. Injured workers with continued limitations of activity after 4 weeks of symptoms and unexplained physical findings, such as a fusion or localized pain, especially following exercises, imaging may be indicated to clarify the diagnosis and assist reconditioning. There is lack of evidence of the injured worker's failure to respond to conservative treatment. The provider noted that the injured worker has not begun a course of physical therapy. The initial of conservative treatment and observation needs to have been tried and failed in order to warrant any type of special studies. As such, the request is not medically necessary.