

Case Number:	CM14-0077988		
Date Assigned:	07/18/2014	Date of Injury:	05/01/2012
Decision Date:	10/06/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/28/2014

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 Physical Medicine and Rehabilitation 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 41-year-old female with a 5/1/12 date of injury. At the time (5/6/14) of request for authorization for ultra sound left ankle, there is documentation of subjective (medial left foot and ankle pain) and objective (left ankle tender medial joint, pain with eversion, antalgic gait) findings, current diagnoses (left ankle sprain), and treatment to date (medications). There is no documentation of 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, Morton's neuroma is clinically suspected; or chronic foot pain, young athlete presenting with localized pain at the plantar aspect of the heel, plantar fasciitis is suspected clinically.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultra Sound 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, Treatment Index, 11th Edition (Web), 2013, Ankle & Foot/Ultrasound, Diagnostic

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

Decision rationale: MTUS reference to ACOEM guidelines identifies that for most cases presenting with true foot and ankle disorders, special studies are usually not needed until after a period of conservative care and observation. Most ankle and foot problems improve quickly once any red flags issues are ruled out. Routine testing, i.e., laboratory test, plain film radiographs of the foot or ankle, and special imaging studies are 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 documentation of 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, Morton's neuroma is clinically suspected; or chronic foot pain, 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 a diagnostic ultrasound. Within the medical information available for review, there is documentation of diagnosis of left ankle sprain. However, there is no documentation of 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, Morton's neuroma is clinically suspected; or chronic foot pain, young athlete presenting with localized pain at the plantar aspect of the heel, plantar fasciitis is suspected clinically. Therefore, based on guidelines and a review of the evidence, the request for ultra sound left ankle is not medically necessary.