MAXIMUS Federal Services

Case Number:	CM14-0183276		
Date Assigned:	11/10/2014	Date of Injury:	12/08/2011
Decision Date:	01/13/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/04/2014

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, has a subspecialty in Interventional Spine 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 patient is a 59 year old with an injury date on 12/8/11. Patient complains of persistent pain in the left CF (ankle) per 9/11/14 report. Review of subjective pain of 3 prior progress reports from 6/5/14, 7/7/14, and 8/7/14 state briefly: "pain persists." Based on the 9/11/14 progress report provided by The treating physician the diagnoses are: 1. sciatica2. history of left ankle fusion3. arthritis footExam on 9/11/14 showed "tenderness to palpation of left CF, over peroneals." No range of motion testing was included in reports. The 7/7/14 report showed a positive straight leg raise. Patient's treatment history only includes medications (Vicodin is the only medication mentioned in in 10/9/14 report). The treating physician is requesting ultrasound extremity non vascular, real time with image documentation, complete (left ankle). The utilization review determination being challenged is dated 10/30/14. The treating physician provided treatment reports from 6/5/14 to 10/9/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound, extremity, non vascular, real time with image documentation, complete (left ankle): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) foot/ankle chapter, U/S Diagnostic.

Decision rationale: This patient presents with right ankle pain. The treater has asked for ULTRASOUND extremity non vascular, real time with image documentation, complete (left ankle) on 9/11/14. Regarding ultrasound of the ankle, ODG recommends in cases of chronic foot pain, particularly burning pain and paresthesias along the plantar surface of the foot and toes which are symptoms of tarsal tunnel syndrome, chronic foot pain in the 3-4 web space with radiation to toes which exhibits possibility of Morton's neuroma. And chronic foot pain localized at the plantar aspect of the heel, in which case plantar fasciitis is clinically suspected.In this case, the patient does not present with chronic pain in the plantar surface, 3-4 web space with radiation to toes, or plantar aspect of the heel per ODG guidelines. There is tenderness to palpation over the peroneal of the right ankle, which is not indicated per ODG guidelines for ultrasound. The requested ultrasound extremity non vascular, real time with image documentation, complete (left ankle) is not indicated. Recommendation is for denial.