

Case Number:	CM15-0183615		
Date Assigned:	09/24/2015	Date of Injury:	06/14/2010
Decision Date:	11/06/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/18/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 55-year-old who has filed a claim for chronic foot and ankle pain reportedly associated with an industrial injury of June 14, 2010. In a Utilization Review report dated August 19, 2015, the claims administrator failed to approve a request for a diagnostic ultrasound of the ankle. An August 6, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On a Doctor's First Report (DFR) dated August 6, 2015, the applicant reported ongoing complaints of foot and ankle pain. An old surgical scar about the foot and ankle was evident. The applicant was apparently transferring care to a new primary treating provider, it was reported. No seeming ligamentous laxity was appreciated. The applicant was described as having a bone spur about the medial ankle versus a loose body. Ultrasound testing was sought to further evaluate the same. The applicant was asked to employ an orthotic. The applicant was returned to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasounds Diagnostic of the right ankle, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Ultrasound, diagnostic.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Ankle and Foot Disorders, 3rd ed., pg. 1102, Ultrasound to identify suspected space occupying lesions in the tarsal tunnel after failed conservative management or as an adjunct to guide interventional therapies - Recommended, Insufficient Evidence (I).

Decision rationale: No, the proposed diagnostic ultrasound of the right ankle was not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic, the MTUS Guideline in ACOEM Chapter 14, page 370 notes that the routine usage of special imaging studies is deemed not recommended. Here, the attending provider's DFR of August 6, 2015 did not clearly state how the proposed diagnostic ultrasound would influence or alter the treatment plan. There was no mention of the applicant's willingness to consider or contemplate any further surgical intervention involving the injured ankle based on the outcome of the same. It appeared, thus, that the attending provider was in fact ordering the diagnostic ultrasound for routine evaluation purposes, without any clearly formed intention of acting on the results of the same. While the Third Edition ACOEM Guidelines Ankle and Foot Disorders Chapter does recommend diagnostic ultrasound testing to identify suspected space- occupying lesions of the tarsal tunnel as an adjunct to guide interventional therapies, again, the attending provider failed to outline what (if any) interventional therapies would be offered to the applicant based on the outcome of the study in question. Therefore, the request is not medically necessary.