

Case Number:	CM15-0185269		
Date Assigned:	09/25/2015	Date of Injury:	11/07/2011
Decision Date:	11/06/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/21/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 injured worker is a 27 year old female, who sustained an industrial injury on 11-7-2011. The medical records indicate that the injured worker is undergoing treatment for acute ankle injury, lateral ankle sprain, rule out tear to the anterior talofibular ligament and calcaneofibular ligament, peroneal tendon impairment, swelling, pain, and peripheral nerve impairment. According to the progress report dated 8-7-2015, the injured workers condition had not improved significantly. The physical examination reveals severe edema of the left lateral ankle, increase in warmth, greenish discoloration of the ankle and toes, and limited range of motion. Sensation and arterial circulation is intact. The pressure on the toes caused tingling and dysesthesia. There is pain to the peroneal nerve on percussion, light touch, and deep peroneal nerve. The current medications are Tylenol #3, Ibuprofen, and Omeprazole. Previous diagnostic studies include x-rays, which were negative. Treatments to date include icing. Work status is not specified. The original utilization review (9-8-2015) had non-certified a request for diagnostic ultrasound of left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic ultrasound of left ankle: Overturned

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.

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.

Decision rationale: MTUS is silent in reference to diagnostic ultrasounds of the ankle. ODG states "Recommended. With proper expertise ultrasound may replace MRI. (ACR-foot, 2002) Compared with MRI, diagnostic ultrasound is useful but less accurate and sensitive. (Kaminski, 2013) Indications for imaging: Ultrasound: 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, Chronic foot pain, young athlete presenting with localized pain at the plantar aspect of the heel, plantar fasciitis is suspected clinically". The treating physician has detailed chronic foot pain and paresthesia to meet the above guidelines. As such, the request for Diagnostic ultrasound of left ankle is medically necessary.