

Case Number:	CM15-0186843		
Date Assigned:	09/28/2015	Date of Injury:	01/20/2001
Decision Date:	11/06/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/22/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 65 year old female, who sustained an industrial injury on 1-20-01. The injured worker was diagnosed as having lumbar radiculitis; left ankle pain; left foot pain; left knee pain; rule out Type I Complex Regional Pain Syndrome left lower extremity. Treatment to date has included physical therapy; orthotics; steroid injections into the plantar fascia; status post left bunion surgery (2010); status post left 1st metatarsal fracture surgery (4-2013); urine drug screenings; medications. Diagnostics studies included Triphasic Bone Scintigraphy bilateral ankles-feet (4-14-15); MRI left foot (5-12-15). Currently, the PR-2 notes dated 8-21-15 is hand written and difficult to decipher. The notes appear to indicate the injured worker complains of pain in ankle medial and lateral and cyst pain has decreased after injection. She is able to move foot up and down more. Injured worker reports that her big toe is tingling; gets tingling in entire toe. Injured worker complains of swelling on left ankle on inside (medial) and lots of pain in that area. Injured worker reports orthotics help to decreased pain. Objective findings are documented by the provider: Vascular Examination: dorsalis pedis artery right - 2 left 2. Posterior Tibial Artery right-3 and left -2. Capillary Refill Time: 4 seconds right and 4 seconds left. Achilles Reflex on both right and left - 0. Patellar Reflex on both right and left - 0. Pain with palpation on the left: Severe posterior tibial tendon; plantar fascia. Nerve entrapment, Achilles tendinitis, plantar fasciitis, and possible post tibia dysfunction. A Triphasic Bone Scintigraphy bilateral ankles-feet done on 4-14-15 impression "Positive three-phase bone scan demonstrating increased activity at the proximal left foot and ankle suggestive of inflammatory osteomyelitis. MRI with and without contrast is recommended for further evaluation." A MRI of

the left foot was done on 5-12-15 with impression: "1) Extensive edematous signal seen at the navicular bone, talus and anterior process of calcaneus related to reactive changes from adjacent sinus tarsi syndrome. See MR ankle report for additional details. 2) Slight altered signal of the proximal attachment of the plantar fascia. (3) Limited examination." A MRI of the left ankle done on 5- 12-15 impression: "1) Sinus tarsi syndrome with extensive surrounding reactive changes of the talus, calcaneus and navicular bone. 2) Hind foot synovitis. 3) Evaluation of the intrinsic ligaments of the ankle is limited. This is considered incomplete at this time as the axial data set are not currently available. When the missing images become available, an addendum will follow." The addendum to the MRI of the left ankle was completed on 5-14-15 and notes "Axial images are now available. The study is now considered complete. The ganglion cyst can be seen located dorsal to the 2nd cuneiform. No evidence for tear of the intrinsic ligaments of the talocrural joint is noted." PR-2 notes dated 7-31-15 indicated the injured worker has been seen for chronic 2 year pain around the left ankle and hind foot region. The provider notes the "pain is mostly over the medial ankle and hind foot region, but it also radiates to the forefoot region at times. After her last visit, she was immobilized with a boot. She states while in the boot, it helped with her pain, however, she was unable to come out of the boot without having a recurrence of pain. She also received custom orthotics with a medial heel wedge since her last clinic visit. She has not had a chance to break them in yet. She comes with the MRIs that were done of her left ankle and foot. She was diagnosed at this visit with: Bilateral flatfoot deformity, left posterior tibial tendinopathy, left plantar fasciitis and possible left sinus tarsi syndrome. A Request for Authorization is dated 9-22-15. A Utilization Review letter is dated 9-18-15 and non-certification was for Diagnostic Ultrasound of the cyst on the left foot. A request for authorization has been received for Diagnostic Ultrasound of the cyst on the left foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Ultrasound of the cyst on the left foot: 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 (2015).

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of diagnostic ultrasound of the foot. According to ODG, ankle and foot section, diagnostic ultrasound is recommended as indicated in the criteria below. With proper expertise ultrasound may replace MRI. Compared with MRI, diagnostic ultrasound is useful but less accurate and sensitive. Ultrasound guidance for injections: Not generally recommended. Conventional anatomical guidance by an experienced clinician is generally adequate. Ultrasound guidance for joint injections is not generally necessary, but it may be considered in the following cases: (1) the failure of the initial attempt at the joint injection where the provider is unable to aspirate any fluid; (2) the size of the patient's joint, due to morbid obesity or disease process, that inhibits the ability to inject the joint without ultrasound guidance; & (3) alcohol injections (for Morton's neuroma). 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. In this case, the injured worker has a cyst in her left foot. The worker has already had an MRI of her foot demonstrating a ganglion cyst. MRI is more sensitive and specific than ultrasound and it is unclear from the documentation how a diagnostic ultrasound would change the treatment plan for the worker. The request does not meet the indications outlined in the guidelines and therefore the request for diagnostic ultrasound of the foot is not medically necessary.