MAXIMUS Federal Services

Case Number:	CM15-0191879		
Date Assigned:	10/05/2015	Date of Injury:	01/27/2014
Decision Date:	11/25/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	09/29/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 33-year-old female with a date of industrial injury 1-27-2014. The medical records indicated the injured worker (IW) was treated for internal derangement of the ankle; tenosynovitis of the posterior tibial tendon; ATFL impairment; peroneal tendon impairment; peroneal and tibial nerve impairment; knee pain; and low back pain. In the progress notes (8-20-15), the IW reported no significant improvement. She felt back pain increased with time. She felt increased pain after weight bearing for more than 20 minutes and her ankle pain continued. On examination (8-20-15 notes), there was pain involving the common peroneal nerve, the bilateral superficial peroneal nerve, the deep peroneal nerve, the plantar nerve and the posterior tibial nerve. There was also pain at the deltoid, right anterior talofibular and peroneal tendons rated 5 to 7 out of 10. Tinel's was positive on the saphenous nerve resulting in pain in the first and second toes. Treatments included physical therapy and anti-inflammatory medication. A Request for Authorization was received for an ultrasound of the right foot to evaluate the ATFL and the peroneal tendons. The Utilization Review on 9-24-15 non-certified the request for an ultrasound of the right foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound for right foot: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

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 chapter under Ultrasound.

Decision rationale: Based on the 8/20/15 progress report provided by the treating physician, this patient presents with increasing back pain, continuing ankle pain, and increased pain after weight-bearing for more than 20 minutes. The treater has asked for Ultrasound for right foot on 8/20/15. The patient's diagnoses per request for authorization dated 8/20/15 are internal derangement of the ankle, tenosynovitis of posterior tibial tendon, knee pain, and low back pain. The patient states that there has been no significant improvement per 8/20/15 report. The patient was dispensed terocin patches and orthopedic shoes in 8/20/15 report. There is visible swelling and bruising around the right ankle that has lasted for months per 7/2/15 report. The patient is currently reporting pain in the right ankle rated 2/10 at best and 10/10 at worst per 7/2/15 report. The patient has flatfoot deformity and a bilateral bunion deformity per 4/24/15 report. The patient is currently working on modified duty as of 7/2/15 report. ODG guidelines, Ankle & Foot chapter under Ultrasound, diagnostic states: Recommended as indicated in the criteria below. With proper expertise ultrasound may replace MRI. 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. Review of the reports does not show any evidence of prior ultrasound of the right ankle. The patient has pain rated 5/10 in the right anterior talofibular ligament, and pain rated 7/10 at the peroneal tendon (bilateral) per physical exam on 8/20/15. The treater is requesting for an ultrasound "to evaluate the ATFL and the peroneal tendons, left and right foot", per 8/20/15 report. Although the patient continues to have chronic ankle pain, there is no indication of suspected tarsal tunnel syndrome, Morton's neuroma, or plantar fasciitis as indicated by ODG Guidelines. Therefore, the request is not medically necessary.