

Case Number:	CM15-0037961		
Date Assigned:	03/23/2015	Date of Injury:	09/21/2012
Decision Date:	07/03/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/27/2015

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: 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 injured worker is a 46 year old male, who sustained an industrial injury on September 21, 2012 while working as an electrician. The mechanism of injury was a fall from a ladder landing on his left side and striking the left side of his head. The diagnoses have included cervical spine sprain/strain with bilateral upper extremity radiculitis, bilateral shoulder strain with impingement, bursitis and tendonitis, bilateral elbow medial and lateral epicondylitis, bilateral forearm tenosynovitis, thoracic spine sprain/strain, left knee sprain, left foot/ankle strain, abdominal pain secondary to medications, insomnia related to chronic pain, headaches, anxiety and depression. Treatment to date has included medications, radiological studies, MRI, physical therapy and chiropractic care. Current documentation dated January 21, 2015 notes that the injured worker reported multiple complaints including neck, bilateral upper extremity, low back, left knee and left foot/ankle pain, as well as stomach problems due to medications. Examination of the left ankle and foot revealed tenderness to palpation and a slight calcaneal valgus deformity with associated hyperpronation of the medial and longitudinal arch. Range of motion was noted to be decreased. There was also increased pain in the planter fascial tissue with dorsiflexion of the great toe. Special testing was negative. The treating physician's plan of care included a request for a diagnostic ultrasound study of the left foot and ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic ultrasound study for left ankle: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle- Foot Procedures.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Foot and Ankle - Diagnostic Ultrasound.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines address this issue and if specific criteria are met a diagnostic ultrasound is supported. This individual meets the Guidelines standards due to suspected plantar fasciitis. The Guidelines note that the quality of the study is highly dependent on the skill of the interpreter, but test can be considered an appropriate alternative to MRI studies. Guidelines support the requested diagnostic ultrasound study for the left ankle and foot, it is medically necessary.