

Case Number:	CM14-0146920		
Date Assigned:	09/15/2014	Date of Injury:	01/30/2014
Decision Date:	10/15/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/10/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 53-year-old female who has submitted a claim for sprain and strain of shoulder/upper arm associated with an industrial injury date of 01/30/2014. Medical records from 2014 were reviewed, which showed that the patient complained of chronic pain in the spine, upper and lower extremities. Patient had difficulty ambulating. There is no physical examination done on the affected ankle. Treatment to date has included medications and physical therapy. Utilization review from 08/19/2014 denied the request for diagnostic ultrasound of the right ankle because the patient was being treated for diffuse pain syndrome and did not complain of pain localized to the ankle. A specific ankle diagnosis has not been proposed and there would be a significant risk of false positive findings in this situation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Ultrasound of the Right Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

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 Chapter, Ultrasound, diagnostic

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, ultrasound is recommended for chronic foot pain suspected of having tarsal tunnel syndrome, Morton's neuroma, or plantar fasciitis. In this case, the patient did not present with any sign or symptom that is localized to the ankle. Morton's neuroma is an enlargement or growth of the nerve of the foot causing pain in the ball of the foot while walking or standing. Tarsal tunnel syndrome and Plantar Fasciitis presents with tingling, pain and numbness at the sole of the foot. The patient's ankle presentation is not similar with any of these three indications for ultrasound. Therefore, the request for diagnostic ultrasound of the right ankle is not medically necessary.