

<b>Case Number:</b>	CM14-0152216		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	03/18/2014
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 Diagnostic Radiology, has a subspecialty in Neuroradiology and is licensed to practice in California. 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:

This 54-year-old female reported a work related twisted right ankle on 3/18/2014. She had several visits to an urgent care center prior to seeing an orthopedic specialist. She was diagnosed with having soft tissue swelling and right ankle ligament strain. Pain medications and physical therapy were prescribed and an air-cast was fitted. On 6/3/2014 she visited an orthopedic surgeon specialist who noted soft tissue swelling, tenderness, mild limitation of motion and strength. Ultrasound examination was reported as a partial tear of the lateral-collateral and fibulo-talar ligaments. Doppler examination was reported as mild bursitis, no venous thrombosis. On the 6/16/2014 physical examination, by the same physician, reduction in pain and swelling and improved motion of the right ankle was reported. Ultrasound exam was reported as reduced swelling and improving ligamentous tears. Doppler study reported no bursitis, no venous thrombosis. On the 7/21/2014 X-ray of the right ankle, it was reported as basically negative. The 7/21/2014 physical examination revealed improving pain and strength. Another set of ultrasound and Doppler studies were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound/doppler studies of the right ankle:** 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), Knee and Leg Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 361, 14-2 367, 14--5, 375, Chronic Pain Treatment Guidelines Ankle and foot complaints,.

**Decision rationale:** Review of available patient's medical record show an injury to the right ankle causing partial tear of the lateral-collateral and fibulo-talar ligaments. The improvement has been gradual with pain medication, physical therapy and air-cast. The x-ray of the right ankle was reported as basically negative. Prior two Ultrasound and Doppler examinations showed improving soft tissue swelling, ligament tears, motion and strength. In the absence of any red flag signs and improving clinical conditions, based on the above guidelines, another set of Ultrasound and Doppler examinations are not medically necessary at this time.