

<b>Case Number:</b>	CM14-0183898		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	11/27/2013
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Connecticut. 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 injured worker is a 33-year-old female who reported an injury on 11/27/2013. The injured worker was struck on the left lower extremity by falling boxes. The current diagnoses include left ankle contusion/strain and complex regional pain syndrome. The latest physician progress report submitted for this review is documented on 09/04/2014. The injured worker presented with an increase in symptoms. Previous conservative treatment is noted to include physical therapy, bracing, home exercise, medication management, and a cortisone injection. The physical examination revealed an antalgic gait, decreased and painful range of motion of the left ankle, moderate tenderness to palpation, and significant atrophy and weakness. Treatment recommendations at that time included continuation of the current medication regimen and home exercise. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound of the left 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), Ankle and Foot, Ultrasound, Diagnostic

**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, Ultrasound, Diagnostic

**Decision rationale:** The Official Disability Guidelines state indications for ultrasound imaging include chronic foot pain with burning pain and paresthesia along the plantar surface of the foot and toes, chronic pain with pain in the 3rd to 4th web space with radiation into the toes, or chronic pain in a young athlete presenting with localized pain at the plantar aspect of the heel. There was no physician progress report submitted on the requesting date. There is no indication of the suspicion for tarsal tunnel syndrome, Morton's neuroma, or plantar fasciitis. The medical necessity for the requested imaging study has not been established. Therefore, the request is not medically appropriate at this time.