

<b>Case Number:</b>	CM15-0115353		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	12/01/2014
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: Emergency 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 49-year-old female, who sustained an industrial injury on 12/1/14. The injured worker was diagnosed as having ankle sprain and closed lateral malleolus ankle fracture. Treatment to date has included physical therapy and medication. Physical examination findings on 5/5/15 included minimal ankle swelling. Dorsiflexion was 25 degrees, plantar flexion was 25 degrees, and inversion was 10 degrees. Currently, the injured worker complains of slight pain involving the anterolateral aspect of the right ankle. The treating physician requested authorization for a diagnostic ultrasound for the right ankle, foot, and leg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic ultrasound, right ankle/foot/leg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis, Ankle & Foot.

**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, Ultrasound Diagnostic.

**Decision rationale:** The requested Diagnostic ultrasound, right ankle/foot/leg, is not medically necessary. CA MTUS is silent. Official disability guidelines, Ankle & Foot, Ultrasound Diagnostic noted: "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." The treating physician has documented an ankle sprain and closed lateral malleolus ankle fracture. Treatment to date has included physical therapy and medication. Physical examination findings on 5/5/15 included minimal ankle swelling. Dorsiflexion was 25 degrees, plantar flexion was 25 degrees, and inversion was 10 degrees. The treating physician has not documented the medical necessity for an ultrasound in favor a more guideline-supported MRI. The criteria noted above not having been met, diagnostic ultrasound, and right ankle/foot/leg is not medically necessary.