

Case Number:	CM15-0175347		
Date Assigned:	09/16/2015	Date of Injury:	06/27/2014
Decision Date:	10/19/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/04/2015

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, New York
 Certification(s)/Specialty: Podiatrist

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 50 year old female who sustained an industrial injury on 06-27-2014. Diagnoses include left ankle sprain-strain with history of distal fibular fracture. A physician progress note dated 07-31-2015 documents the injured worker complains of left ankle pain. On examination, there is tenderness laterally, with slight swelling. Inversion test is positive. Tinel's sign is positive. There is decreased sensation at all the left toes and decreased range of motion. She is working full duty. Physician progress notes dated 02-27-2015 and 04-14-2015 documents the injured worker was to attend 3 physical therapy sessions but was unable to attend due to her work schedule, and symptoms still persist. There is tenderness to palpation over the peroneal tendons. There is a positive drawer test with some guarding and discomfort. His diagnosis is ankle instability and cavus deformity-left. Treatment to date has included diagnostic studies, and physical therapy. A Request for Authorization dated 07-31-2015 is requesting consultation with podiatrist, left ankle Qty 1.00, and diagnostic test ultrasound study of, left ankle Qty 1, and acupuncture 2 times a week for three weeks. On 08-13-2015 the Utilization Review non-certified the requested treatment consultation with Podiatrist, left ankle Qty 1.00, and diagnostic test ultrasound study of, left ankle Qty 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with Podiatrist, left ankle qty 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Examination, Diagnostic Criteria, and Ankle and Foot Complaints 2004, Section(s): Diagnostic Criteria, Medical History, Physical Methods, Activity Alteration.

Decision rationale: As per MTUS guidelines, the focus of Primary Care management is to monitor for complications, facilitate the healing process, and a return to work in an acceptable capacity. In the absence of red flags, work-related foot and ankle complaints can be managed by occupational or primary care providers. MTUS guidelines do not stipulate opposition to qualified medical practitioners performing in the Primary Care capacity. The requesting physician is an orthopedic specialist. There is no indication in the record of another functioning Primary Care manager other than the requesting physician. The injured worker has presented with chronic, progressively degenerative red flag indicators as per; Table 14-1, MTUS, Ankle and Foot Complaints, i.e., chronic mechanical disorders: degenerative chronic tendinitis and dysesthesia. As per table 14-3 MTUS, the primary care provider is endorsed to refer for evaluation and treatment. As per Table 14-4, referral can be made to a surgical specialist for specific recommendations. The request for referral to a Podiatrist is certified as appropriate and medically necessary.

Diagnostic test ultrasound study of, left ankle qty 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot, Ultrasound.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Initial Assessment, Physical Examination, Diagnostic Criteria, Work-Relatedness. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, (updated 6/22/15) Ultrasound diagnostic and Other Medical Treatment Guidelines 1. Utility of musculoskeletal ultrasound in a Department of Defense rheumatology practice: a four-year retrospective experience. Kay JC, Higgs JB, Battafarano DF. Arthritis Care Res (Hoboken). 2014 Jan; 66(1):14-8. doi: 10.1002/acr.22127. 2. Joint and connective tissue ultrasonography--a rheumatologic bedside procedure A German experience. Manger B1, Kalden JR. Arthritis Rheum. 1995 Jun; 38(6):736-42.

Decision rationale: The record confirms that the applied treatment modalities have failed to produce a desired outcome. The injured worker's pain and disability have persisted beyond the anticipated time of healing for an ankle sprain-strain scenario. The injured worker has continued limitations of activity, with unexplained symptoms and physical findings. Imaging is indicated to clarify the diagnosis and to assist in reconditioning. Sonography is an accepted modality in tissue study and has proven to be efficient and accurate in the evaluation of symptomatic patients with ankle laxity demonstrated on physical examination. As per ODG guidelines the injured worker

demonstrates qualifying criteria for ultrasound evaluation, i.e. with chronic pain and evidence of a Tarsal Tunnel syndrome. The request for ultrasound evaluation is certified as medically necessary.