

<b>Case Number:</b>	CM15-0071412		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	02/05/2008
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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: Orthopedic Surgery

### 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 58 year old female, who sustained an industrial injury on 02/05/2008. On provider visit dated 03/13/2015 the injured worker has reported left ankle pain. On examination she was noted to have point of maximal tenderness over the medial aspect of the left ankle. The diagnoses have included osteochondritis dissecans left, flat foot bilateral, left talus OCD status post arthroscopic drilling and bilateral adult acquired flatfoot deformity. Treatment to date has included MRI. The provider requested self-care management training 2x monthly Qty 6 and Ultrasound 2 times monthly Qty 6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound 2 times monthly Qty 6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

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

**Decision rationale:** Regarding the request for diagnostic ultrasound, Chronic Pain Medical Treatment Guidelines and ACOEM do not contain criteria for the use of this imaging modality. Official Disability Guidelines, Ankle and Foot, ultrasound, recommends the use of diagnostic ultrasound for the ankle and foot when there is suspicion of tarsal tunnel syndrome, Morton's neuroma, or plantar fasciitis with corroborating physical examination findings. In the exam note from 3/13/15 there is no indication that tarsal tunnel syndrome, Morton's neuroma, or plantar fasciitis are suspected. In the absence of such documentation, the currently requested diagnostic ultrasound of the ankle is not medically necessary.

**Self care management training 2x monthly Qty 6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain section, Home Health services.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of home health services. According to the ODG Pain section, Home health services, "Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." In this case the exam notes from 3/13/15 do not demonstrate the patient is homebound to require the utilization of self care management training. Therefore the determination is for non-certification and the request is not medically necessary.