

Case Number:	CM15-0078779		
Date Assigned:	04/30/2015	Date of Injury:	08/25/2014
Decision Date:	05/29/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/24/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 29 year old female, who sustained an industrial injury on 8/25/2014. She reported falling and having pain in her right hip, left ankle and neck. Diagnoses have included contusion of scalp and neck, neck sprain/strain, contusion of right buttock, left ankle sprain/strain and right hand sprain/strain. Treatment to date has included physical therapy and medication. According to the progress report dated 3/13/2015, the injured worker complained of pain and tingling in her the palm of her right hand in the middle of the night. She also complained of pain in her lateral, left ankle. She rated her pain as 2/10 left ankle, 3/10 right buttock and 3/10 right hand. Exam of the ankle revealed tenderness to palpation and swelling. Authorization was requested for ultrasound of the left ankle.

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 93970: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 373-374.

Decision rationale: The ACOEM chapter on ankle complaints states; Radiographic evaluation may also be performed if there is rapid onset of swelling and bruising; if patient's age exceeds 55 years; if the injury is high velocity; in the case of multiple injury or obvious dislocation/subluxation; or if the patient cannot bear weight for more than four steps. For patients with continued limitations of activity after four weeks of symptoms and unexplained physical findings such as effusion or localized pain, especially following exercise, imaging may be indicated to clarify the diagnosis and assist reconditioning. Stress fractures may have a benign appearance, but point tenderness over the bone is indicative of the diagnosis and a radiograph or a bone scan may be ordered. Imaging findings should be correlated with physical findings. Disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies, e.g., magnetic resonance imaging (MRI). Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. Cases of hallux valgus that fail conservative treatment merit standing plain films to plan surgery, and consultation with the potential surgeon is recommended. Sprains are frequently seen after emergency room treatment in which radiographs are obtained to rule out fractures. Minimal sprains can be treated symptomatically without films. Table 14-5 provides a general comparison of the abilities of different techniques to identify physiologic insult and define anatomic defects. The provided clinical documentation for review does not meet criteria as outlined above for specialized imaging studies of the ankle. Therefore the request is not medically necessary.