

Case Number:	CM15-0090782		
Date Assigned:	05/15/2015	Date of Injury:	05/01/2014
Decision Date:	06/23/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/11/2015

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: New York, Tennessee
 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:

This 33 year old male sustained an industrial injury to the right lower extremity on 5/1/14. The injured worker underwent right Achilles tendon tear repair on 5/8/14. Additional treatment included physical therapy, home exercise and medications. In a PR-2 dated 4/2/15, the injured worker reported that he had been to the Emergency Department twice due to right ankle pain. The injured worker rated his pain at 5/10 on the visual analog scale. The injured worker reported a right Achilles sharp burning pain radiating to both sides of the ankle down to the sole of the foot and toes as well as up the right calf and into the right hip. The injured worker also complained of low back pain. Physical exam was remarkable for significant atrophy to the right calf with weakness and right ankle with moderate tenderness to palpation and significant weakness upon flexion and inversion. Current diagnoses included status post right Achilles tendon tear repair. The treatment plan included medications (Vicodin, Anaprox and Prilosec), twelve sessions of physical therapy, continuing home exercise, right ankle Dynasplint and right ankle ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound of the right 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, Ankle and Foot.

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

Decision rationale: Therapeutic ultrasound of the ankle is not recommended. Therapeutic ultrasound is no more effective than placebo in the treatment of plantar heel pain. (Crawford, 1996) There is little information available from trials to support the use of many physical medicine modalities for treating disorders of the ankle and foot. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. The patient is status post Achilles tendon rupture repair. Medical necessity has not been established. The request is not medically necessary.