

Case Number:	CM15-0091788		
Date Assigned:	05/18/2015	Date of Injury:	01/14/2014
Decision Date:	06/19/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/12/2015

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: Texas, California
 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:

This is a 52 year old male patient, who sustained an industrial injury on 1/14/14. The diagnoses include sprain/strain unspecified site of shoulder/upper arm; rotator cuff syndrome shoulder; allied disorders; sprain/strain wrist/hand; sprain/strain ankle/foot; plantar fascial fibromatosis; possible Raynaud's phenomenon left hand; varicose veins left lower extremity; healed varicies, ulcerations. The PR-2 notes dated 4/1/15 was hand written and not fully legible. He had complains of continuous right shoulder pain that increases with lifting, pushing, pulling and reaching and other activities of daily living. The physical examination revealed feet-pes planus positive and tenderness over the plantar fascia. The medications list includes anaprox. The treatment plan is to continue home exercise program and medications. The provider is requesting a MRI of the right shoulder to assess the inflammatory process and Ultrasound for left foot for plantar fasciitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound for left foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter: Ankle & Foot (updated 03/26/15), Ultrasound, diagnostic.

Decision rationale: Per the cited guidelines foot ultrasound is recommended. With proper expertise ultrasound may replace MRI. (ACR-foot, 2002) Compared with MRI, diagnostic ultrasound is useful but less accurate and sensitive. (Kaminski, 2013) Indications for imaging Ultrasound: Chronic foot pain, burning pain and paresthesia along the plantar surface of the foot and toes, suspected of having tarsal tunnel syndrome to chronic foot pain, pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspected to chronic foot pain, young athlete presenting with localized pain at the plantar aspect of the heel, plantar fasciitis is suspected clinically. Evidence of Morton's neuroma or tarsal tunnel syndrome is not specified in the records provided. Response to previous conservative therapy including physical visits for the left foot is not specified in the records provided. Previous conservative therapy notes are not specified in the records provided. The medical necessity of Ultrasound for left foot is not fully established for this patient.