

Case Number:	CM15-0091804		
Date Assigned:	05/18/2015	Date of Injury:	01/14/2014
Decision Date:	06/19/2015	UR Denial Date:	04/13/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old male, who sustained an industrial injury on 01/14/2014. The injured worker is currently working usual and customary duties. The injured worker is currently diagnosed as having right shoulder strain, status post left knee contusion, bilateral ankle strain, and bilateral plantar fasciitis. Treatment and diagnostics to date has included shoulder therapy and medications. In a progress note dated 04/01/2015, the injured worker presented with complaints of shoulder pain. Objective findings include tenderness to palpation to shoulder and bilateral plantar fascia. The treating physician reported requesting authorization for an ultrasound of the right foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound for right foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ankle & Foot Chapter, Diagnostic Ultrasound, page 51.

Decision rationale: Guidelines state imaging of the foot and ankle provides a more definitive visualization of the soft tissue structures, including ligaments, tendons, joint capsule, menisci and joint cartilage structures, than x-ray or CT scan in the evaluation of traumatic or degenerative injuries. The majority of cases can be successfully treated conservatively, but in cases requiring surgery (e.g., plantar fascia rupture in competitive athletes, deeply infiltrating plantar fibromatosis, masses causing tarsal tunnel syndrome), imaging is especially useful in planning surgical treatment by showing the exact location and extent of the lesion; however, the imaging study is not recommended as a screening tool, but reserved for more specific diagnoses or plan operative interventions, not presented here. Indications also require normal findings on plain films with suspected osteochondral injury, tendinopathy not demonstrated here. Submitted reports have not adequately demonstrated clear diagnosis with correlating clinical findings to support for guidelines criteria of imaging. There are no specific clinical presentations of chronic symptoms nor are there indication of neurological deficits with clear weakness, instability, and diminished foot sensation in a dermatomal or myotomal pattern on exam. The Ultrasound for right foot is not medically necessary and appropriate.