

Case Number:	CM15-0094448		
Date Assigned:	05/21/2015	Date of Injury:	03/11/2011
Decision Date:	06/22/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/18/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 57 year old female who sustained an industrial injury on March 11, 2011. She has reported right knee pain, right ankle pain, right wrist pain, right shoulder pain, and back pain and has been diagnosed with right shoulder sprain/strain with history of decompression, arthroscopy and Mumford procedure, lumbar musculoligamentous sprain/strain with facet arthropathy, right knee patellofemoral arthralgia, right ankle chronic sprain/plantar fasciitis, and right wrist sprain. Treatment included surgery. Right shoulder examination noted tenderness over the subacromial region/supraspinatus tendon and posterior musculature. There was tenderness to palpation over the dorsal capsule. Lumbar examination noted tenderness to palpation with muscle guarding over the bilateral paraspinal musculature. Straight leg raising test was without radicular components. There was tenderness to palpation over the peripatellar region. Patellofemoral crepitus was appreciated. Grind test was positive. There was tenderness to palpation over the lateral joint complex and plantar fascia. The treatment request included a diagnostic ultrasound study of the bilateral ankles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Ultrasound study of the bilateral ankles: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, online edition, ankle and foot chapter, ultrasound, diagnostic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ultrasound.

Decision rationale: The ODG provides the preferred mechanism for assessment of clinical necessity in this case. The guidelines state that ultrasound is indicated in cases of chronic foot pain with burning pain and parasthesias along the plantar surface of the foot and toes in suspicion of tarsal tunnel syndrome, pain in the 3-4th web space with radiation to the toes concerning for Morton's neuroma, or in young athletes with localized plantar heel pain on suspicion of plantar fasciitis. It is not clear that the patient has failed conservative management prior to requesting imaging. In this case, the clinical records are not supportive of a clear indication for ultrasound, and therefore the request is not considered necessary based on the guidelines.