

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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MAXIMUS  
Federal Services



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**Notice of Independent Medical Review Determination**

Dated: 12/13/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/10/2013
Date of Injury:	3/21/2012
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0006873

- 1) MAXIMUS Federal Services, Inc. has determined the request for **podiatry consultation to provide bilateral orthotics is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/4/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **podiatry consultation to provide bilateral orthotics is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 treatments and/or services at issue.

### **Expert Reviewer Case Summary:**

This patient's underlying date of injury appears to be 03/21/2013, although some of the documents instead refer to the date of 03/21/2012. This patient is a 56-year-old man who was injured when he fell off a ladder onto the floor, approximately 10 feet. His diagnosis is a calcaneus fracture. This patient was treated with surgery for his calcaneus fracture and then subsequent hardware removal for persistent pain. He has been noted to have persistent ankle and subtalar stiffness.

Initial physician review indicated that the patient did not have plantar heel pain or specific indication for orthotics based on California guidelines, and therefore that review concluded that the requested treatment was not medically necessary.

## **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Treatment Utilization Schedule (MTUS)
- Medical Records from:
  - Claims Administrator
  - Employee/Employee Representative
  - Provider

### **1) Regarding the request for podiatry consultation to provide bilateral orthotics:**

#### Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine, (ACOEM), 2<sup>nd</sup> Edition, (2004), Chapter 14, page 371, which is part of MTUS and the Official Disability Guidelines (ODG), Ankle and Foot, Orthotic devices, which is not part of MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004) Chapter 7, Consultation, page 127, which is not part of the MTUS.

#### Rationale for the Decision:

ACOEM Guidelines, Chapter 7, consultation, states, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care would benefit from additional expertise." Given this employee's persistent pain, the guidelines would therefore support a podiatry consultation. However, the guidelines would support that the purpose of the consultation would be to provide advice regarding the proposed treatment.

These guidelines would not propose that a consultation be indicated or approved solely for the podiatrist to provide orthotics. Rather, the guidelines anticipate that the specialist would be consulted to make recommendations. Thereafter, if the podiatrist were to recommend orthotics or any other treatment, then the necessity of that request for treatment would be a separate matter. **The request for podiatry consultation to provide bilateral orthotics is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.