

Case Number:	CM13-0022795		
Date Assigned:	12/13/2013	Date of Injury:	07/20/2005
Decision Date:	10/02/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/11/2013

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. The expert reviewer is licensed in Podiatry and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the enclosed information, the original date of injury of this patient was 7/20/2005. The patient sustained a left knee and right foot injury. On 11/13/2012 patient was noted to have right ankle pain with a diagnosis of right ankle internal derangement/bursitis. Patient's lower extremity diagnoses include plantar fasciitis and bursitis right side. Right ankle MRI reveals a 1 - 3 cm posterior lateral ganglion cyst along the intact talofibular ligament with mild retro calcaneal bursitis. According to the progress note dated 6/18/2013 the patient presented to his physician complaining of low back pain and right ankle pain rated at 6 - 7/10. It is noted that this patient has had two prior epidural steroid injections. Physical exam reveals lower extremity strength graded at 4/5. On 8/27/2013 it was recommended that patient be evaluated by a podiatrist for retrocalcaneal bursitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

PODIATRY CONSULT- EVALUATION AND TREAT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines/Treatment for Workers' Compensation (TWC), Ankle & Foot (Acute & Chronic), Office Visits.

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

Decision rationale: It is documented that this patient has bursitis of the right foot there is no documentation as to prior treatments and or failures for this ailment. Guidelines support recommendation for consult to a specialist when medically necessary. There must be, however documentation that conservative treatments have been initiated and have failed to eliminate patient's pain. This criteria is not noted in the enclosed chart notes. The request is not medically necessary and appropriate.