

Case Number:	CM13-0046184		
Date Assigned:	12/27/2013	Date of Injury:	04/26/1998
Decision Date:	05/07/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/12/2013

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 Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 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:

This is a 64 year-old female with a 4/26/1998 industrial injury claim. According to the 10/1/13 podiatry report, from ██████████, the patient presents with increased right foot pain at the bottom of the foot, and she was unable to return sooner due to authorization issues. She has been diagnosed with a chronic non-pressure ulcer of the foot, and limb pain. ██████████ states the last visit was 9/4/13. He debrided the hyperkeratotic tissue and the ulcer was 1-cm in diameter at the plantar aspect of the 5th metatarsal phlangeal joint. ██████████ requests continuous care of the right foot ulcer until healed.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUOUS OFFICE VISITS UNTIL ULCER HEALS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372.

Decision rationale: I have been asked to review an incomplete request. The physician has not provided a frequency or duration or total number of office visits. According to the 10/1/13 podiatry report, from [REDACTED] the patient presents with increased right foot pain at the bottom of the foot, and she was unable to return sooner due to authorization issues. She has been diagnosed with a chronic non-pressure ulcer of the foot, and limb pain. [REDACTED] requests continuous care of the right foot ulcer until healed. Without knowing the frequency or duration or a total number of visits requested, I am not able to compare the request to the frequency and duration listed in the MTUS/ACOEM guidelines. I am not able to verify that the incomplete request is in accordance with the MTUS guidelines.