

Case Number:	CM13-0072325		
Date Assigned:	01/08/2014	Date of Injury:	04/12/2012
Decision Date:	04/30/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/31/2013

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 Podiatric Surgery 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, this patient was injured at work on April 12, 2012. Patient apparently injured her back, shoulder, left knee, and neck. Patient was given a diagnosis of sprain of neck, shoulder, and thoracic and lumbar spine. She was treated with physical therapy and medication by numerous physicians as well as chiropractors. Epidural steroid injections were recommended by her pain management physician. Patient also underwent a QME evaluation by an orthopedic surgeon. He recommended medication as well as physical therapy. Numerous studies were performed including MRI and CT. Patient also had nerve conduction studies. There were no studies performed on her feet. Patient was noted to have disc protrusions as well as knee osteoarthritis, and possible carpal tunnel syndrome. On December 6 2013, a request was received for podiatry consult for this patient, with the listed diagnoses including sprain and strain of neck, thoracic strain, lumbar sprain/strain, shoulder sprain/strain. Further documentation reveals that the podiatry consult is requested for pain in the lower back and left knee, to correct altered biomechanics with orthotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULT WITH PODIATRIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 338,347,371.

Decision rationale: After careful review of the enclosed information and the MTUS coverage guidelines pertinent in this case, it is my opinion that the decision for a consult to podiatry is not medically reasonable or necessary at this time. As stated earlier, this patient has diagnoses including sprain and strain of neck, back, and left knee. There is no foot pathology noted. There is no documentation of any foot pain or biomechanical abnormalities. The request states that a consult to podiatry is needed for consideration of orthotics. MTUS guidelines, Chapter 13 (knee) discuss multiple treatments for knee pathology, none of which include orthotics. Chapter 14 of the MTUS guidelines discusses the use of orthotics, which is recommended only for plantar fasciitis and metatarsalgia. Neither of these are noted in this patient's chart. Finally, ACOEM guidelines, Chapter 6, page 12, notes that referrals to physicians should be made if specific clinical findings suggest undetected clinical pathology, pain distribution is non-anatomical and described in a bizarre atypical manner, and appropriate active physical therapy does not appear to be improving function. This is not the case for this patient, therefore a referral to a podiatrist is not recommended.