

<b>Case Number:</b>	CM14-0004299		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	06/17/1996
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 was 6/17/1996. On 11/11/2013 this patient was evaluated for continued lower back pain and lumbar radiculitis. During this visit the patient complains of worsening heel pain especially upon ambulation. The pain is noted to be 7/10, which causes difficulty in walking and standing. Patient also feels that one of his legs is shorter than the other. Physical exam reveals pain with palpation over the heels. Antalgic gait is noted, with patient "listing to the right." Impressions include lumbar spine radiculitis and gait disturbance. The physician's assistant recommended a podiatry evaluation for patient's feet, along with continued medication and aquatic therapy. It is noted that the patient has worsening of stance and gait due to his heel pain. This heel pain, according to the physicians assistant, does not appear radicular in nature.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PODIATRY EVALUATION AS OUT-PATIENT RELATED TO HEEL PAIN SECONDARY TO LUMBAR SPINE INJURY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

**Decision rationale:** After careful review of the enclosed information any pertinent MTUS guidelines in this case, it is my feeling that the podiatry evaluation as an outpatient, related to heel pain secondary to lumbar spine injury is not reasonable or medically necessary at this time. The MTUS guidelines state that a referral for surgical consultation may be indicated for patients who have: Activity limitation for more than one month without signs of functional improvement; Failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot; Clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. The progress note that discusses this patient's heel pain does not advise that the patient has had activity limitation for more than one month without signs of functional improvement. There is also no record of patient failing an exercise program to increase range of motion and strength of the musculature around the foot. Finally, no imaging studies have been done to this foot. Finally, the physician's assistant who evaluated this patient's heel pain clearly states that they do not feel that the heel pain is radicular in nature and may be a separate issue than patient's back pain. Therefore, the request is not medically necessary.