

<b>Case Number:</b>	CM14-0005727		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	11/08/2010
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 Board Certified in Occupational Medicine 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:

The applicant is represented by [REDACTED], the insured who has filed a claim for chronic knee and foot pain reportedly associated with an industrial injury on November 8, 2010. Thus far, the applicant has been treated with the following: Analgesic medication, attorney representation, transfer of care to and from various providers in various specialties, unspecified amounts of physical therapy, unspecified amounts of acupuncture, earlier knee surgery, and unspecified amounts of chiropractic manipulative therapy. In a Utilization Review Report dated December 23, 2013, the claims administrator approved a request for a follow-up visit, denied a request for a podiatry consultation, conditionally denied a request to continue medications, conditionally denied request for continued acupuncture treatment and manipulative therapy, conditionally denied request for a follow-up visit with another treating provider, and conditionally denied request for follow-up pharmacological management. The claims administrator based the podiatry denial on the grounds that the applicant had reportedly received care from another podiatrist. In a handwritten document dated June 23, 2014, the applicant presented with persistent complaints of low back, knee, and foot pain with derivative complaints of anxiety, depression, headaches, and sleep disturbance. The applicant was placed off of work, on total temporary disability. The note was very difficult to follow and employed preprinted checkboxes as opposed to providing narrative commentary. On June 6, 2014, the applicant's primary treating provider suggested that the applicant consult a knee specialist to obtain further care for her knee issues. On May 29, 2014, the applicant apparently received a sinus tarsi corticosteroid injection from a podiatrist owing to ongoing complaints of 8/10 foot and ankle pain. On February 30, 2014, the applicant's podiatrist suggested that the applicant continue icing, elevating, and usage of a boot owing to ongoing complaints of foot and ankle pain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) Podiatry Consultation Between 11/21/2013 and 1/27/2014 is medically necessary and appropriate:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 330, 341. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES, PAIN (CHRONIC), OFFICE VISITS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

**Decision rationale:** As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant was having ongoing complaints with foot and ankle pain which had seemingly persisted for a span of several months to several years. The applicant was given various diagnoses, including sinus tarsi syndrome and/or plantar fasciitis. The applicant received a corticosteroid injection from a podiatrist in mid to early 2014. The initial evaluation/consultation with the podiatrist during the dates in question was, by implication, therefore indicated. Accordingly, the request was medically necessary.