

Case Number:	CM14-0009428		
Date Assigned:	02/14/2014	Date of Injury:	01/21/2012
Decision Date:	06/24/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/24/2014

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 Podiatric Surgery, has a subspecialty 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, on 1/21/2012 this patient fell on her left knee and twisted her left ankle and foot. X-rays taken of the left foot and ankle revealed no fracture. Treatment included physical therapy and splintage. A progress note dated 12/11/2013 reveals that this patient received an intra-articular injection to the left knee, which appeared to help. On 12/16/2013 this patient was again evaluated for left foot and ankle pain. The left ankle is noted to have full range of motion and only inversion causes tenderness. Negative swelling is noted to the ankle. Patient's gait was noted to be slightly antalgic left side, and neurovascular status intact. Diagnoses include contusion of left foot and ankle sprain left ankle. The patient was referred podiatry.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFERRAL TO PODIATRY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS, American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines (OMPG), 2nd Edition, 2004, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, page 127

Decision rationale: After careful review of the enclosed information and the pertinent MTUS guidelines for this case, the decision for a referral to podiatry for this patient is not medically reasonable or necessary at this time. MTUS guidelines state that a referral to a specialist is reasonable if "a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." In this particular case the patient has a diagnosis of ankle sprain and contusion left foot. An x-ray has revealed that there are no fractures. This particular consult to a podiatrist does not adhere to the above guidelines, as patient are he has a diagnosis and there are no psychosocial factors documented. The request is not medically necessary and appropriate.