

<b>Case Number:</b>	CM14-0010453		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	12/09/2012
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 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, the original date of injury was 12/9/2012. On 5/10/2013 nerve conduction studies were performed which reveal abnormalities of the lower extremity consistent with lumbosacral plexopathy with L5 S1 radiculopathy. On 12/10/2013 this patient was seen by his physician for continued back pain. Cervical and lumbar spine regions remain painful. Decreased range of motion is noted to each. Lumbar and cervical sprain/strain is noted for a diagnosis. Treatment plan this day includes continued chiropractic care, recommendation for podiatry referral consult for custom functional orthotics in order to treat the work related injury for lumbar spine and to correct altered biomechanics. On 12/27/2013 the patient's primary care physician requested authorization for podiatry consultation with pharmacological management. Diagnoses on the authorization form include sprain and strain of lumbar region, myalgia and myositis, spasm of muscle, and brachial neuritis/radiculopathy. In a document dated 12/30/2013 it is noted that the specific medical services requested are: podiatry consultation and follow-up and pharmacological management as appropriate and if necessary, custom molded functional orthotics, extracorporeal shockwave therapy, Unna boot, strapping, casting, injections, and ultrasound guidance/findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PODIATRY CONSULTATION AND FOLLOW UP:** Overturned

**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 GUIDELINES, 7 INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS

**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 (ACOEM), 2ND EDITION, (2004), CHAPTER 7 REFERRALS

**Decision rationale:** After careful review of the enclosed information, it is my opinion that the decision for a podiatry consult and follow-up is medically reasonable and necessary at this time. It is well documented that this patient has suffered with back pain for many months post injury, non-responsive to conservative care. It is the feeling of the attending physician that this patient may have some gait and or biomechanical abnormalities and recommends that this patient be evaluated by a podiatrist. Chapter 7 of the MTUS guidelines states that physicians may refer to other specialists if a diagnosis is uncertain or extremely complex. A consultation is used to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, etc. In this particular case the patient has failed to improve with conservative treatments, and I feel that a podiatry consult is medically reasonable for this patient.

**PHARMACOLOGICAL MANAGEMENT AS APPROPRIATE AND IF NECESSARY:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College Of Occupational And Environmental Medicine Guidelines, 7 Independent Medical Examinations And Consultations.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 14 Ankle and Foot Complaints Page(s): 370.

**Decision rationale:** After careful review of the enclosed information, it is my feeling that the decision for pharmacological management as appropriate and necessary for this patient is not medically reasonable or necessary at this time. Chapter 3 and 14 of the MTUS guidelines states that medication may be used to alleviate patient's pain. Obviously a patient must first have a diagnosis from the physician prior to dispensing pharmacologic's. This patient has not had a consult with a podiatrist as of yet, therefore using medication at this point is not medically reasonable or necessary.

**CUSTOM MOLDED FUNCTIONAL ORTHOTICS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College Of Occupational And Environmental Medicine Guidelines, 7 Independent Medical Examinations And Consultations

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

**Decision rationale:** After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that the decision for custom molded functional orthotics is not medically reasonable or necessary at this time. Chapter 14 states that orthotics may be used for the treatment of plantar fasciitis and or metatarsalgia. Nowhere in the enclosed documentation does it state that this patient is suffering from plantar fasciitis or metatarsalgia, therefore orthotics are not recommended.

**EXTRACORPOREAL SHOCKWAVE THERAPY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College Of Occupational And Environmental Medicine Guidelines, 7 Independent Medical Examinations And Consultations.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

**Decision rationale:** After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that the decision for extracorporeal shockwave therapy is not medically reasonable or necessary at this time. Chapter 14 states that extracorporeal shockwave therapy may be used for the treatment of plantar fasciitis. Nowhere in the enclosed documentation does it state that this patient is suffering from plantar fasciitis, therefore extracorporeal shockwave therapy is not recommended.

**UNNA BOOT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College Of Occupational And Environmental Medicine Guidelines, 7 Independent Medical Examinations And Consultations.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370.

**Decision rationale:** After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that the decision for Unna boot is not medically reasonable or necessary at this time. Chapter 14 states that an unna boot (temporary bracing or casting) may be used for the treatment of tendinitis / tenosynovitis. Nowhere in the enclosed documentation does it state that this patient is suffering from tendinitis/teno synovitis, therefore an Unna boot is not recommended.

**STRAPPING, CASTING AND INJECTIONS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College Of Occupational And Environmental Medicine Guidelines, 7 Independent Medical Examinations And Consultations.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370-371.

**Decision rationale:** After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that the decision for strapping, casting and injections is not medically reasonable or necessary at this time. Chapter 14 states that strapping, casting and injections may be used for the treatment of tendinitis, tenosynovitis, plantar fasciitis and or Morton's neuroma. Nowhere in the enclosed documentation does it state that this patient is a suffering from plantar fasciitis, Morton's neuroma, tendinitis, or tenosynovitis, therefore strapping, casting and injections are not recommended.

**ULTRASOUND GUIDANCE/FINDINGS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College Of Occupational And Environmental Medicine Guidelines, 7 Independent Medical Examinations And Consultations.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

**Decision rationale:** After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that the decision for ultrasound guidance/findings is not medically reasonable or necessary at this time. Chapter 14 states that ultrasound has no scientifically proven efficacy in treating acute ankle or foot symptoms, although sometimes used commonly in conjunction with an active therapy program, such as therapeutic exercise. Insufficient high quality scientific evidence exists to determine clearly the effectiveness of this therapy.