

<b>Case Number:</b>	CM14-0184613		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	10/21/2013
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 for this patient was 10/21/2013. On this date, patient fell at work in injured bilateral knees with anterior cruciate ligament sprain/tear. On 6/8/2014 patient was getting out of bed when their knee buckled, causing a fall and a fracture to the left ankle. Eventually patient developed right foot pain due to the altered gait from the prior injury. Patient was followed for their knee and back pain and eventually went to physical therapy. Patient is also being followed for depression. Patient is a candidate for left knee surgery but would like to wait until their ankle is fully evaluated prior to surgery. An MRI left ankle was ordered. It is recommended that this patient follow up with a podiatrist for their left ankle pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Podiatry Consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 361. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Procedure Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 361.

**Decision rationale:** After careful review of the enclosed information and the pertinent guidelines for this case, it is my feeling that the decision for a podiatry consultation is not medically reasonable or necessary for this patient according to the guidelines. The MTUS guidelines state that in the absence of red flags, work-related foot and ankle complaints can be safely and effectively managed by occupational or primary care providers. The focus is on monitoring for complications, facilitating activity and the healing process, and facilitating return to work in a modified- or full-duty capacity. In this particular case the MRI results are not provided for review, nor are the patient's response to any physical therapy to the left ankle. For this reason it is hard to state that there is a "red flag" for this patient that would necessitate a consultation with the podiatrist. Therefore, Podiatry Consultation is not medically necessary.