

Case Number:	CM14-0025636		
Date Assigned:	07/02/2014	Date of Injury:	07/11/2008
Decision Date:	08/14/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/28/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 59-year-old male who reported an injury on 07/11/2008. The injured worker was noted to have an anterior and posterior fusion at L4-5 and L5-S1. The mechanism of injury was the injured worker was utilizing a rented truck to transport printers from one site to another and there was an airbag that was placed as a cushion in the driver's seat. The airbag gave out and suddenly the injured worker bottomed out on the seat resulting in severe lumbar pain and right leg pain. Prior treatments included surgical intervention, pain management, and psychological intervention. The documentation of 12/19/2013 revealed the injured worker had pain in the left foot where he developed some deformity due to an uneven walking. The physical examination revealed the injured worker had an antalgic gait with the use of a cane. The treatment plan included a podiatry evaluation. The diagnosis included pain in the lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

PODIATRY EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, Page 163.

Decision rationale: The ACOEM guidelines indicate that a consultation is intended to aide in assessing the diagnosis, prognosis, and therapeutic management. The clinical documentation submitted for review indicated the injured worker had developed pain in the left foot and a deformity. However, there was a lack of documentation indicating objective physical findings to support the necessity for the podiatrist evaluation. Given the above, the request for a podiatry evaluation is not medically necessary.