

Case Number:	CM14-0070647		
Date Assigned:	07/14/2014	Date of Injury:	08/20/2011
Decision Date:	08/12/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/15/2014

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 licensed 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 progress notes, this patient was injured 8/20/2011. On 8/8/2013 this patient underwent an MRI of his back which revealed a herniated nucleus pulposus at L5 -S1 with impingement at L5- S1 nerve root. A progress note dated 4/18/2014 documents that the patient is still having pain to his back, with pain radiating into the right knee and left leg. Left foot pain has also developed. She has had lumbar steroid injections with some relief of pain. PE reveals tender arch left foot. The diagnoses that day consisted of lumbar and lumbosacral disc degeneration, tear medial meniscus, radiculitis and radiculopathy, plantar fasciitis left foot (handwritten in) . Another progress note is noted in this chart 4/15/2014. The patient complains of continued back pain radiating to the right leg, with pain to the left foot when walking. This progress note does not contain any diagnosis pertaining to the left foot, but does recommend that the patient see a podiatrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with Podiatrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, 2004, Chapter 7 Independent Medical Examinations and Consultations page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations page 127.

Decision rationale: After careful review of the enclosed information and the pertinent for this case, it is my opinion that the decision for a consultation with a podiatrist is not medically reasonable or necessary at this time for this patient. The ACOEM guidelines state that health practitioners may refer to other specialists if a diagnosis is uncertain or extremely complex. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and or the examinee's fitness for return to work. After review of the enclosed information and progress notes, it appears that this patient's pain is caused by her back pathology, confirmed on MRI. There is no information in the progress note that supports a referral to a podiatrist. There is no extensive physical exam describing the foot pain.