

<b>Case Number:</b>	CM14-0073203		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	07/18/2013
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 this patient was originally injured at work on 7-18-2013. This information in obtained from the summary written by the occupational medicine physician. There is no actual progress note enclosed for this review. According to a progress note dated 5/5/2014, this patient complained of left foot shooting neuroma pain, which was intermittent. The patient states that it feels like he is sometimes walking on rocks. Physical examination reveals tenderness to palpation to the second, third, and fourth intermetatarsal phalangeal spaces. Negative squeeze test left foot. The motor exam was noted to be 5/5 bilateral lower extremity. Pedal Pulses are within normal limits. The provider this day recommended a referral to a podiatrist for evaluation of left foot pain and x-rays or labs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral for podiatry evaluation and treatment for the left foot:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation ODG, Ankle & foot.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Office visits American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) pg 127.

**Decision rationale:** After careful review of the enclosed information and the pertinent the MTUS and the ODG guidelines for this case, it is my feeling that a referral to podiatry for evaluation and treatment for the left foot is medically reasonable and necessary at this time. The enclosed information does advise that this patient is suffering with palpable left foot pain to his second, third, and fourth intermetatarsal phalangeal joint spaces. This is not a normal finding. The MTUS guidelines state that a health practitioner may refer to another specialist if a diagnosis is uncertain or extremely complex. A referral may be for consultation to aid in the diagnosis, prognosis, or therapeutic management of a patient's ailment. The ODG guidelines state that evaluation and management outpatient visits to the offices of doctors play a critical role in the proper diagnosis and return of function to an injured worker. After the documentation of patients subjective complaints of a feeling of walking on rocks coupled with his physical findings of tenderness to forefoot upon palpation, it is medically reasonable for this patient to be evaluated by a podiatrist. As such, the request is medically necessary.