MAXIMUS Federal Services

Case Number:	CM14-0077775		
Date Assigned:	07/18/2014	Date of Injury:	03/05/2013
Decision Date:	10/09/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/27/2014

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 for this patient was 3/5/2013. It is noted that he was lifting a forklift extension and experienced pain in his neck, shoulders, elbow, wrists, hands, back, knees, and feet. On 1/9/2014 patient had an extensive evaluation and physical by an orthopedic surgeon. All body parts were reviewed. Evaluation of the right and left feet on that day revealed an essentially normal exam with no edema, no erythema, and no palpable pain. Negative bilateral ankle instability was noted. Electrodiagnostic studies revealed no tarsal tunnel syndrome. The neurologic exam was essentially normal. X-rays revealed narrowing of the talonavicular joint with hallux valgus bilaterally. No fractures noted. Diagnostic impressions that day revealed numerous upper extremity pathologies, with bilateral knee sprains unrelated to the injury on 3/5/2013, as well as sprain of bilateral tibiotalar joints, unrelated to the injury on 3/5/2013. It was recommended that patient consult orthopedic surgeon or upper extremity difficulties. In the progress note dated 3/4/2014 it is noted that this patient has been referred to a podiatrist for consultation and evaluation for custom functional orthotics in order to treat the work-related injury of the lumbar spine and to correct the altered biomechanics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with a podiatrist (lumbar): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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, Knee/ Office visits.

Decision rationale: After careful review of the enclosed information and the pertinent Official Disability Guidelines for this case, it is my feeling that the decision for a consultation to a podiatrist is not medically reasonable or necessary for this patient at this time. Official Disability Guidelines state that office visits are recommended as determined to be medically necessary. Evaluation and management outpatient visits play a critical role in the proper diagnosis and return to function of an injured worker. Because of the enclosed numerous physical exams and findings for this patient, I do not feel that it is medically reasonable or necessary to be evaluated by a podiatrist. Most, if not all of this patient's functional disability is noted to be upper extremity with the exception of a knee strain which should be evaluated by an orthopedic surgeon. Therefore, this request is not medically necessary.

Custom molded functional orthotics: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 for this patient is not medically reasonable or necessary at this time. The MTUS guidelines state very clearly that custom functional orthotics is used to treat patients with a diagnosis of plantar fasciitis and or metatarsalgia. This patient has neither diagnosis, therefore the custom functional orthotics cannot be recommended according to the guidelines.

Ultrasound guided injections (lumbar): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 guided injection is not medically reasonable or necessary for this patient at this time. MTUS guidelines state that: Invasive techniques (e.g., needle acupuncture and injection procedures) have no proven value, with the exception of corticosteroid injection into the affected web space in patients with Morton's neuroma or into the affected area in patients with plantar fasciitis or heel spur if four to six weeks of conservative therapy is ineffective. This patient does not have a diagnosis of Morton's neuroma or plantar fasciitis with heel spur, therefore any local steroid injection cannot be recommended according to the guidelines.

Unna boot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 an Unna boot is not medically reasonable or necessary for this patient at this time. The MTUS guidelines clearly state that temporary bracing and casting (Unna boot) is a recommended treatment for toe fractures, ankle sprain, forefoot sprain, and tendinitis. This patient does not have any of these diagnoses listed in his enclosed progress notes therefore and Unna boot cannot be recommended for this patient at this time.