

Case Number:	CM14-0083351		
Date Assigned:	07/21/2014	Date of Injury:	04/09/2012
Decision Date:	08/26/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/04/2014

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 injured at work on 4/9/2012. It is noted that patient sustained both back injuries to the cervical, lumbar, and thoracic spine. It is also noted that patient sustained bilateral knee meniscal tears. MRI of the knees demonstrated reduced joint spaces bilaterally with osteophyte production. Patient underwent back surgery. On 4/28/2014 it is noted that patient continues To complain of back pain and bilateral knee pain right greater than left. Right knee pain is noted to be severe at a level of 7/10. Physical exam that day reveals multiple trigger point areas of tenderness to back, and hyperpronation of bilateral feet. Diagnoses include neuralgia, neuritis and radiculitis, cervical disc protrusion, sprain and strain, lower extremity neuritis, lumbar disc protrusion, facet hypertrophy, sprain strain and stenosis, right and left knee internal derangement, lateral and medial meniscal tear, sleep disturbance. She has seen some success with pain relief due to her chiropractor. It is also recommended that patient see a podiatrist for custom functional orthotics in order to treat the injuries to the lumbar spine, hips, and knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to a podiatrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 7 page 271.

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 a referral to a podiatrist is not medically reasonable or necessary at this time. ACOEM guidelines state that a referral may be made for a consultation to another physician or specialist 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. This patient is experiencing pain relief via treatment from her chiropractor. There is no foot pain and no foot pathology noted other than hyperpronation. There is very little correlation between foot pain, and knee and back pain. I do not feel that a referral to a podiatrist is necessary in order to help treat this patient's knee pain and back pain. I do not feel that the criteria mentioned above would be met with a referral to a podiatrist, in that it would not aid in the diagnosis, prognosis, or therapeutic management of this patient.