

<b>Case Number:</b>	CM14-0196398		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	07/19/2013
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Internal Medicine, has a subspecialty in Nephrology 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 29-year-old male who suffered a work related injury between 01/01/2011 and 07/23/2013. The physician notes from 10/17/14 were handwritten and largely illegible. The patient had thoracic spine, lumbar spine, bilateral shoulders, and bilateral knee/ankle/foot complaints. Most of this documentation was illegible. Tenderness was noted in the thoracic and lumbar spine. Pain was noted to be worsened by repetitive use, and forceful activity, and improved with medications. His diagnoses appear to include bilateral knee issues, bilateral heel, ankle and feet tenosynovitis, and insomnia. Treatment to date: medication management, activity modification, physical therapy, and acupuncture. A UR decision dated 10/29/14 denied the request for podiatrist consultation. However, clarification is needed regarding the rationale for referral to a podiatrist. Treatments rendered to specifically address ongoing ankle/foot/heel complaints have not been documented. A recent comprehensive ankle/foot examination was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with a podiatrist between 9/15/2014 and 12/11/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7 Independent Medical Examinations and Consultations, 2nd Edition

**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 - Independent Medical Examinations and Consultations page(s) 127, 156; Official Disability Guidelines (ODG) Pain Chapter - Office Visits.

**Decision rationale:** CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. However, in the present case, there is no specific documentation of subjective complaints or objective findings related to the foot/ankle. A specific rationale as to why he would require a consultation with a podiatrist at this time was not provided. Therefore, the request for consultation with a podiatrist between 9/15/2014 and 12/11/2014 was not medically necessary.