

Case Number:	CM15-0133851		
Date Assigned:	07/22/2015	Date of Injury:	12/30/2010
Decision Date:	08/19/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/10/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

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 50 year old female, who sustained an industrial injury on December 30, 2010. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having cervical radiculopathy, lumbosacral radiculopathy, shoulder impingement and knee tendinitis/bursitis. Treatment to date has included medications and right shoulder injection. On June 3, 2015, the injured was noted to complain of pain in every body part. Physical examination showed tenderness at the plantar fascial insertion on the calcaneus bilaterally. Medications were noted to improve her pain. The treatment plan included medications and a referral to a podiatrist for treatment of resistant plantar fasciitis. On June 29, 2015, Utilization Review non-certified the request for a referral to a podiatrist for treatment of resistant plantar fasciitis, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to a podiatrist for treatment of resistant plantar fasciitis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 362.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter and pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees fitness for return to work. In this case, the claimant was under the care of an orthopedic surgeon. Although the podiatrist had previously managed the fasciitis, there is no indication why the orthopedic physician cannot address any active issues with the claimant. The request is not medically necessary.