

<b>Case Number:</b>	CM15-0160247		
<b>Date Assigned:</b>	08/26/2015	<b>Date of Injury:</b>	05/13/2015
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 39 year old female, who sustained an industrial injury on 5-13-2015. She reported injuries to her right knee and right ankle. Diagnoses have included contusion of knee and sprains and strains of ankle. Treatment to date has included x-rays, physical therapy, magnetic resonance imaging (MRI) and medication. According to the progress report dated 7-24-2015, the injured worker complained of constant pain in the right knee and right ankle. She rated her pain as four out of ten. The pain had increased since the last visit. It was noted that magnetic resonance imaging (MRI) of the right ankle showed a split tear involving the peroneus brevis tendon. Authorization was requested for a podiatry consult.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Podiatry consult:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 361, 374.

**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) Occupational Medicine Practice

**Decision rationale:** With regard to the request for podiatry consultation, the CA MTUS does not directly address specialty consultation. The ACOEM Practice Guidelines Chapter 7 recommend expert consultation when "when the plan or course of care may benefit from additional expertise." Thus, the guidelines are relatively permissive in allowing a requesting provider to refer to specialists. Within the submitted documentation, the patient has a x-ray on 5/13/2015 which indicated calcaneal spurring. A refer to podiatry is reasonable as the specialist may offer injection or treatment for managing pain relating to calcaneal spurs. Therefore, this request is appropriate and medically necessary.