

<b>Case Number:</b>	CM15-0203211		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	06/25/2002
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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: 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 70 year old male, who sustained an industrial injury on 6-25-02. The documentation on 9-10-15 noted that the injured worker has complaints of burning pain in his foot with shooting pain and stabbing pain in his left foot. The documentation noted that the injured worker is off all opiates. Lyrica decreased the injured workers pain level to a 2 to 3 out of 10 when is a 6 out of 10 without it. The diagnoses have included crushing injury foot. Treatment to date has included trialed naproxen, gabapentin and ibuprofen; on cymbalta and lyrica for pain relief with over 50 percent of pain relief; orthotics and inserts; cortisone injections; nerve block injection on his right shoulder and physical therapy for his left foot and exercise. The original utilization review (9-17-15) non-certified the request for unknown continued care with podiatrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown continued care with podiatrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): General Approach.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Ankle and Foot Section: Office Visits.

**Decision rationale:** The Official Disability Guidelines comment on the follow-up for conditions related to the ankle and foot. In this case, the medical records have established that the patient had been seeing a specific podiatrist for ongoing problems of the foot to include: an eccrine poroma secondary to a hypertrophic scar, neuritis of the left foot, reflex sympathetic dystrophy and an ingrown toenail. The request was for "unknown continued care with a podiatrist." The request did not specify the podiatrist who has already evaluated this patient, the rationale behind the request or the condition which was to be addressed. The Official Disability Guidelines statement on office visits is as follows: Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. 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. In this case, the request for "unknown continued care with podiatrist" does not meet these Official Disability Guidelines criteria for an office visit. The patient has established care with a specific podiatrist for specific conditions as listed above. For this reason, unknown continued care with a podiatrist is not considered as medically necessary.