

<b>Case Number:</b>	CM15-0032151		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	03/19/2007
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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: New York

Certification(s)/Specialty: Podiatrist

### 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 58 year old female who sustained a work related injury on March 19, 2007, after falling and injuring her hip, shoulder, lower back and ring finger. She complained of continuous twisting and turning at her job duties aggravating her prior injuries, especially her feet and back. She was diagnosed with depression, anxiety, cervical degenerative disc disease, degenerative disc disease, knee pain, plantar fasciitis, and left foot neuroma. Treatments included physical therapy, medications, acupuncture, home exercise program, and bracing. Currently, the injured worker complained of constant left foot pain with burning and sharp pain at the bottom of the foot. On February 17, 2015, a request for a podiatric consultation was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Podiatric Consultation:** Overturned

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

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

**Decision rationale:** After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that it podiatric consultation is medically reasonable and necessary for this patient at this time. It is well documented that this patient has undergone numerous neuroma excisions bilaterally and is now suffering with painful plantar fasciitis. It appears as though the patient is being referred to the podiatrist for surgical considerations. The MTUS guidelines state that referral for surgical consultation may be indicated for patients who have: Activity limitation for more than one month without signs of functional improvement. Failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot-Clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. After reviewing the enclosed information I feel that this patient does meet the above criteria for a podiatric consultation.