

Case Number:	CM15-0033689		
Date Assigned:	04/02/2015	Date of Injury:	10/20/2006
Decision Date:	05/01/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/23/2015

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 62 year old male, who sustained an industrial injury on 10/20/2006. He has reported subsequent left knee and back pain and was diagnosed with failed total knee arthroplasty, lumbar spinal stenosis, lumbosacral disc degeneration and lumbar myofascial pain. Treatment to date has included oral pain medication and physical therapy. The only medical documentation submitted was a PR-2 note dated 02/17/2015 and there was no medical documentation submitted that was dated prior to the utilization review. A request for authorization of a podiatry consult was submitted. A progress report dated February 6, 2015 indicates that the patient has a temporary lateral heel insert, which has helped significantly but is now falling apart. He has also been to a podiatrist for supination associated with pain and instability and received a subtalar joint injection, which decreased his ankle pain by 80%. Walking tolerance has been increased to about 100 yards. He has a problem with gait and equinovarus. Physical examination revealed antalgic gait with left foot supination with minimal to no pronation from neutral. The treatment plan recommends casting with an orthotist for custom orthotics and appeal of denial for podiatry consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to A Podiatrist: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for Referral to A Podiatrist, California MTUS does not address this issue. ACOEM supports consultation 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. Within the documentation available for review, it appears the patient has gait issues resulting from ankle and foot abnormalities. It appears the patient has received benefit from podiatric injections previously. Therefore, referral to a podiatrist for follow-up and other treatment options seems reasonable. As such, the currently requested referral to a podiatrist is medically necessary.