

Case Number:	CM15-0034439		
Date Assigned:	03/02/2015	Date of Injury:	04/11/2014
Decision Date:	04/07/2015	UR Denial Date:	01/30/2015
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: 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:

This 40 year old man sustained an industrial injury on 4/11/2014 to his low back and left leg. The mechanism of injury is not detailed. Current diagnoses include lumbar radiculitis, lumbar sprain/strain, pes planovalgus, plantar fasciitis, and pain. Treatment has included oral medications, physical therapy, and acupuncture. Physician notes dated 1/9/2015 show complaints of pain to the left lower extremity rated 7/10 with weakness and instability. Recommendations include custom made functional orthotics, continue acupuncture, chiropractic, and physical therapy, avoid walking barefooted, continue the current medication regimen, and follow up in one month. On 1/30/2015, Utilization Review evaluated a prescription for a podiatric follow up consultation, one visit per week for four weeks that was submitted on 2/19/2015. The UR physician noted range of motion was decreased and painful, tenderness over the bilateral sacroiliac joints, and muscle spasm of the lumbar paravertebral muscles. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was modified and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Podiatric follow up consultation 1 time a week for 4 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371, also chapter 7, pg. 127.

Decision rationale: On January 9, 2015 this patient was evaluated by their podiatrist. A diagnosis of plantar fasciitis and significant pain was made. It is noted that there is pain upon palpation to the plantar fascia and calcaneus and the patient is unable to ambulating without an assistive device. During this visit it was recommended that patient receive custom orthotics for their plantar fasciitis. The MTUS guidelines do recommend custom orthotics for plantar fasciitis. In this particular case it is also recommended that patient follow up with their podiatrist once a week for four weeks. After consideration of further MTUS guidelines I feel that this is medically necessary and reasonable. Guidelines state that referrals to specialists may be made when the plan or course of care may benefit from additional expertise. The referral may be made to aid in the therapeutic management of a patient. I feel that this is the case for this patient's care.