

Case Number:	CM15-0035241		
Date Assigned:	03/03/2015	Date of Injury:	04/28/2014
Decision Date:	04/09/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/25/2015

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 46 year old female, who sustained an industrial injury on 4/28/14. On 2/25/15, the injured worker submitted an application for IMR for review of Podiatric Consult. The treating provider has reported the injured worker complained of continued right ankle pain. The diagnoses have included ankle sprain/strain; foot sprain/strain; radicular neuralgia; lumbar disc syndrome; lumbar sprain/strain; lumbar segmental dysfunction. Treatment to date has included right ankle brace; MRI right ankle (6/24/14); chiropractic care; bone scan (7/16/14-repeated 10/22/14); physical therapy. Ortho visit on 1/9/2015 recommended a bone scan. On 2/13/15 Utilization Review non-certified a Podiatric Consult. The ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Podiatric Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation 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 consultation, 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, the requesting physician has not identified any uncertain or extremely complex diagnoses or any concurrent psychosocial factors. Additionally, it appears the patient is being seen by an orthopedic surgeon who has made additional diagnostic recommendations. It is unclear how the podiatrist is expected to help the patient beyond with the orthopedic surgeon would be capable of addressing. In the absence of clarity regarding those issues, the currently requested podiatric consultation is not medically necessary.