MAXIMUS Federal Services

Case Number:	CM15-0045683		
Date Assigned:	03/18/2015	Date of Injury:	05/07/2014
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/10/2015

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 was a 52 year old female, who sustained an industrial injury, May 7, 2014. The injured worker previously received the following treatments toxicology laboratory studies, physical therapy, surgery, kinetic activities, manipulation therapy, acupuncture and MRI of the feet. The injured worker was diagnosed with left ankle sprain/strain, left achilles tendinitis, right ankle strain/sprain, right achilles tendinitis, right ankle contusion, strain calf bilaterally, heel spur, bilateral feet per x-ray and MRI and bilateral planter fasciitis per MRI. According to progress note of December 2, 2014, the injured workers chief complaint was left ankle pain 6 out of 10; 0 being no pain and 10 being the worse pain. The injured worker described the pain as stabbing. The injured worker had right ankle pain 8 out of 10. The injured worker described the pain as stabbing, heaviness and tingling. The pain was aggravated in both ankles by walking. The pain in the legs was 8 out of 10, throbbing bilaterally, associated with lying down. The physical exam noted decreased range of motion of the left and right ankles due to pain. There was tenderness of the bilateral heel with palpation and bilateral calf muscles. The treatment plan included a podiatrist consultation on December 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Podiatry consultation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) podiatry consultation.

Decision rationale: According to guidelines: As noted, one of the criticisms of interdisciplinary/ multidisciplinary rehabilitation programs is the lack of an appropriate screening tool to help to determine who will most benefit from this treatment. Consultation should be made when the diagnosis is not clear based on the medical records; there is no indication as to why a podiatry consult is needed and thus not medically necessary.