

Case Number:	CM15-0056785		
Date Assigned:	04/01/2015	Date of Injury:	05/28/2014
Decision Date:	05/01/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/25/2015

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: 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 60-year-old female, who sustained an industrial injury on 5/28/14. She reported pain in her head, neck and lower back related to a fall. The injured worker was diagnosed as having cervical radiculopathy, lumbar radiculopathy, bilateral shoulder sprain, bilateral elbow sprain and bilateral knee sprain. Treatment to date has included a cervical and lumbar MRI, physical therapy, acupuncture and pain medications. As of the PR2 dated 2/4/15, the injured worker reports constant moderate pain in the lumbar spine, bilateral elbows and bilateral knees. The treating physician noted tenderness to palpation in these areas. The treating physician requested a follow-up visit with a podiatrist 1 x weekly for 4 weeks. It should also be noted that the pt is seen for foot pain and had a diagnosis of plantar fasciitis as well as enthesitis of ankle and tarsus.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit with podiatrist 1x4: Upheld

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): 361, 372.

Decision rationale: After careful review of the enclosed information and the pertinent MTUS guidelines for this case is my opinion that the request for follow-up visits with a podiatrist 1 x 4 are not medically reasonable or necessary at this time. MTUS guidelines state that Patients with ankle and foot complaints may have initial follow-up every three to five days by a midlevel practitioner or physical therapist who can provide counseling about avoiding static positions, medication use, activity modification, and other concerns. Care should be taken to answer questions and make these sessions interactive so that the patient is fully involved in his or her recovery. If the patient has returned to work, these interactions may be done on site or by telephone to avoid interfering with modified- or full-work activities. Physician follow-up is appropriate when a release to modified-, increased-, or full-duty work is needed, or after appreciable healing or recovery is expected. Later physician follow-up might be expected every four to seven days if the patient is off work and every seven to fourteen days if the patient is working. (pg 372) Furthermore, MTUS guidelines state that: In the absence of red flags, work-related foot and ankle complaints can be safely and effectively managed by occupational or primary care providers. The focus is on monitoring for complications, facilitating activity and the healing process, and facilitating return to work in a modified- or full-duty capacity. After careful review of the enclosed information it does not appear that the progress notes support the need for follow-up visit with a podiatrist.