

Case Number:	CM15-0062641		
Date Assigned:	04/08/2015	Date of Injury:	06/22/1996
Decision Date:	05/07/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/02/2015

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 46 year old female, who sustained an industrial injury on 6/22/1996. The mechanism of injury was not provided. The injured worker was diagnosed as having partial left peroneal palsy, lumbo-sacral sprain/strain and thoracic sprain/strain. There is no record of a recent diagnostic study. Treatment to date was not included for review. In a progress note dated 3/18/2015, the injured worker complains of paresthesia and pain in the left ankle/foot. The treating physician is requesting podiatry consultation for replacement orthotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with podiatrist for shoe orthotics for left foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: On 3/18/2015 this patient was evaluated for left foot and ankle pain. The patient is noted to have foot and ankle weakness paresthesia. A peroneal palsy is suspected. There is no true physical exam noted in the progress note. A referral to a podiatrist for replacement orthotics is recommended. The MTUS guidelines state that rigid orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. There is no mention that this patient suffers with plantar fasciitis or metatarsalgia, therefore a referral to a podiatrist for orthotics is not medically necessary.