

<b>Case Number:</b>	CM14-0218184		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	05/07/2014
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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 is a 59 year old female with a work related injury dated 05/07/2014 after a dog hit her left leg causing her to hyperextend her back. According to a secondary treating physician's first report of injury dated 11/20/2014, the injured worker presented with complaints of moderate 6/10 lumbar spine pain with frequent weakness that radiates to her left hip. Diagnoses included lumbar sprain/strain. Treatments have consisted of chiropractic therapy and medications. No recent diagnostic testing noted in recent medical records. Work status is noted as working with restrictions of limited standing, walking, stooping, bending, kneeling, and squatting with limited lifting, pushing, and pulling up to 10lbs. On 12/04/2014, Utilization Review non-certified the request for Office Visits for Podiatry One (1) times a week for Four (4) weeks citing California Medical Treatment Utilization Schedule American College of Occupational and Environmental Medicine Guidelines. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Podiatry follow-up 1 x 4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): chapter 7 pg 127.

**Decision rationale:** According to the enclosed information, this patient was injured in may 2014. Patient's injury was caused by a dog jumping up on her leg, which caused back and left lower extremity pain. At issue in this case is whether a podiatry visit follow-up is medically reasonable and necessary. According to the enclosed information and the pertinent guidelines for this case, it is my feeling that the enclosed documentation does not support the medical necessity for podiatry follow-up visits. According to the enclosed notes this patient had nerve conduction studies to the lower extremity in July 2014. No study results are present for evaluation. Apparently in November 2014 patient returned to clinic "complaining of painful left lower extremity." The enclosed information advises that patient presented to clinic "to pick up their custom orthotics," and that they were "improving slowly." There is no enclosed documentation to advise exactly why the patient necessitates follow-up visits for a podiatrist. ACOEM guidelines, chapter 7, page 127, states that occupational health practitioners may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial elements are involved, or when the plan or course of care may benefit from additional expertise. There is nothing enclosed in this case that would lead one to believe that any of the above elements are involved with this case. Chapter 5 of the ACOEM guidelines states that other health care professionals that treat work-related injuries can make important contributions to the appropriate management of symptoms. I feel that health care professionals other than a podiatrist can make appropriate management decisions from a medical perspective for this patient due to the enclosed information.