

<b>Case Number:</b>	CM15-0112581		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	12/30/2008
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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

### 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 57 year old man sustained an industrial injury on 12/30/2006 due to repetitive use. Evaluations include left calcaneus x-rays performed during this visit. Diagnoses include Achilles bursitis or tendinitis, complex regional pain syndrome of the left lower limb and heel, lateral knee meniscus tear, left ankle pain, reflex sympathetic dystrophy of the left lower limb, and sprain of the cruciate ligament of the right knee. Treatment has included oral medications, spinal cord stimulator, injection therapy, and surgical intervention. Physician notes dated 6/1/2015 show complaints of left foot pain. Recommendations include orthopedic surgery consultation, second orthopedic opinion, neurological consultation, and follow up after consultations have been completed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DPM referral for consult/treatment (L) lower limb:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

**Decision rationale:** This patient presents with left foot pain. The current request is for DPM referral for consult/treatment (L) lower limb. The RFA is dated 06/02/15. Treatment has included oral medications, spinal cord stimulator, injection therapy, and surgical intervention (2009). The patient is not working. The ACOEM Guidelines page 127 states that a health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the pain and course of care may benefit from additional expertise. According to progress report 06/01/15, the patient presents with primarily severe dysesthesia over the posterior aspect of the heel with extreme pain with brushing of the skin. Examination revealed extreme dysesthesia with light touch, excellent ankle ROM, some callus on bottom of foot, subtalar joint ROM WNL, no instability, tandem waling and antalgic gait. The treater recommended "DPM for consultation/treatment/2nd option." In this case, given the patient's current symptoms, the request for an evaluation with a podiatrist appears reasonable. However, the request is also for treatment which is not defined. Without knowing what the treatment is going to entail, the request cannot be considered. The request IS NOT medically necessary.