

<b>Case Number:</b>	CM15-0129052		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	11/02/2002
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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: California, Indiana, New  
 York Certification(s)/Specialty: Internal Medicine

### 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 47 year-old male who sustained an industrial injury on 11/02/02. Initial complaints and diagnoses are not available. Current diagnoses include status post-open reduction internal fixation for pelvic and sacral fracture, status post open reduction internal fixation for right ankle and calcaneal fracture, and chronic neuropathic pain symptoms in right foot following multiple surgeries. Treatment to date has included topical and oral pain medication management. In progress notes dated 05/19/14, 09/22/14, 01/12/15, and 05/18/15, the injured worker complains of low back pain, and worsening foot and toe pain. Physical examination continued to be remarkable for a 2/3 cm area of callus and induration at the plantar surface of the right foot with limited range of motion to the right ankle, and dorsiflexion was only possible to the neutral position; strength is decreased. His toe is flexing and causing pain. Requested treatments include follow-up with podiatrist for evaluation and treat. The injured worker's status in not available. Date of Utilization Review: 06/25/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow up with podiatrist for eval and treat: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7: Consultations and Independent Medical Examinations, page 127, 503.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Page 127.

**Decision rationale:** Pursuant to the ACOEM, follow up podiatrist for evaluation and treatment not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are status post open reduction internal fixation health fracture; status post ORIF sacral fracture; status post ORIF calcaneal fracture; status post ORIF fusion right ankle fracture; and chronic neuropathic pain symptoms right foot following multiple surgeries. The date of injury is dated November 2, 2002. Request authorization is dated June 12, 2015. According to a progress note dated July 13, 2015, the treatment plan states the injured workers toe is getting worse. The injured worker has lots of issues with his ankle. The injured worker has been having pain with his activity and uses a cane for ambulation. Reportedly, medications have not been given and pain is increased. Based on the nature of the surgeries (ORIF), a follow-up consultation with a podiatrist as clinically indicated. Treatment, however, is not indicated and is premature at this time. There were no acute new changes documented in the medical record regarding the foot and ankle. A request for treatment should be submitted after clinical evaluation of the affected foot and ankle. Based on clinical information in the medical record and the peer-reviewed evidence based guidelines, follow up podiatrist for evaluation and treatment not medically necessary.