

Case Number:	CM15-0025634		
Date Assigned:	02/18/2015	Date of Injury:	12/23/2010
Decision Date:	04/02/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/10/2015

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 female patient, who sustained an industrial injury on 12/23/2010. A primary treating office visit dated 12/23/2014 reported the patient continues to have bilateral heel pain that is affecting her walking gait, which seems to be increasing the knee pain bilaterally. Objective findings showed heels are positive tenderness to palpation, positive pain with weight bearing bilaterally. She was diagnosed with bilateral MMT and bilateral calcaneus stress fracture. The plan of care noted to involve proceeding with magnetic resonance imaging. A request was made asking for podiatry treatment. On 01/23/2015, Utilization Review, non-certified the request, noting the fact that the request was undefined there is no medical evidence available. On 02/10/2015, the injured worker submitted an application for independent medical review of requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Treatment for Podiatrist with [REDACTED]: Overturned

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): 374-375.

Decision rationale: After careful review of the enclosed information and the pertinent guidelines for this case, it is my feeling that the treatment with [REDACTED] is medically reasonable and necessary. It appears that this patient presented to their physician on 10/28/2014 for evaluation of bilateral heel pain. X-rays reveal large bone spurs to the Achilles tendon insertion as well as plantar fascia origin. Possible cortical disruption was noted to the calcaneus bilaterally. An MRI was ordered. On 1/8/2015 patient again visited their physician complaining of continued bilateral heel and ankle pain. This particular note demonstrates one area that advises of no calcaneal stress fracture, however in the diagnosis there is note of calcaneal stress fracture bilaterally. Patient was advised of bone spur to the posterior and inferior calcaneus and it was recommended that patient visit a foot specialist for, "second evaluation of MRI to evaluate patient for possible surgical removal of bone spurs bilateral calcaneus." It is also noted that the patient has failed conservative treatments for their heel pain. MTUS guidelines concerning surgical intervention states that : Referral for surgical consultation may be indicated for patients who have: activity limitation for more than one month without signs of functional improvement, failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot, clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair earlier, emergency consultation is reserved for patients who may require drainage of acute effusions or hematomas. Referral for early repair of ligament tears is controversial and not common practice. Repairs are generally reserved for chronic instability. Most patients have satisfactory results with physical rehabilitation and thus avoid the risks of surgery. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may help resolve the symptoms. It is clear that this patient is being referred to a foot specialist for surgical consideration, and the progress noted support that they have met the above criteria for surgical intervention.