

<b>Case Number:</b>	CM15-0099508		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	10/31/1997
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	04/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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, Pain Management

### 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 57 year old male who sustained an industrial injury on 10/31/97 when he fell from a chair onto his back resulting in upper lumbar spinal pain and bilateral knee injuries. He currently complains of bilateral knee pain with increased pain with stair climbing and walking. He feels his left knee especially is unstable. On physical exam of the knees the patellar apprehension test is positive bilaterally, muscle atrophy on the left, positive piriformis test on the right. Activities of daily living are restricted by his skin and joints. Medications are Enbrel, methotrexate, Humira, Benicar, Folic acid, Daypro. Diagnoses include right thoracolumbar scoliosis; right piriformis syndrome; psoriatic arthritis; chondromalacia left and right patella; possible meniscal tear, right knee; quadriceps and calf atrophy, left leg; irritable bowel syndrome. On 4/18/15 Utilization Review evaluated the requests for podiatry and gastroenterology evaluations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Podiatry consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 362, 374-375.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

**Decision rationale:** Regarding the request for Podiatry consultation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, it is unclear why a podiatry consultation is needed at the current time. It is unclear exactly what subjective complaints and objective findings are intended to be addressed by a podiatrist, and what conservative treatment has been attempted prior to the request for consultation. In the absence of clarity regarding those issues, the currently requested Podiatry consultation is not medically necessary.