DR. AHMAD RASHID, DPM

Board-Certified Podiatric Physician | Licensed in TX, MO, HI, NH, VT | footexpertwitness.com

MEDICAL-LEGAL, IME & INDEPENDENT REVIEW SERVICES

Services list for attorneys, insurers, third-party administrators, IME vendors, IRO/UR organizations, and disability reviewers

POSITIONING STATEMENT

Dr. Rashid provides independent podiatric medical opinions involving foot and ankle injury, diabetic foot complications, wound care, infection, biomechanics, impairment, disability, and podiatric surgical issues. His background includes podiatric medicine and surgical residency training, including reconstructive rearfoot/ankle training/certification, supporting review of both conservative and operative care pathways. He is board-certified by the American Board of Podiatric Medicine.

1. SERVICES OFFERED

Service	Appropriate use	Typical deliverable
Independent Medical Examinations (IMEs)	Foot/ankle and podiatric IMEs for workers' compensation, personal injury, auto, disability, and litigation matters.	History, focused physical examination, record review, causation analysis, MMI, restrictions, impairment questions, and narrative report.
Medical Record Review / File Review	Record-only review when an examination is not required, not feasible, or not authorized.	Chronology, diagnosis review, issue analysis, causation opinion, treatment necessity, prognosis, and written medical opinion.
Workers' Compensation Review	Occupational foot/ankle injury, repetitive stress, falls, crush injuries, puncture wounds, fractures, sprains, wounds, infection, and post-injury sequelae.	Work-relatedness, aggravation/exacerbation, MMI, impairment rating, restrictions, return-to-work analysis, and future care opinions.
Permanent Impairment Ratings	Impairment analysis for foot, ankle, toes, gait-related sequelae, and lower-extremity podiatric conditions.	AMA Guides rating using the edition required by the applicable jurisdiction, claim type, or referral question.
Expert Witness Consulting	Plaintiff or defense consultation, causation analysis, standard-of-care review, rebuttal work, and testimony preparation.	Case screening, opinion letters, rebuttal reports, deposition preparation, deposition testimony, and trial testimony.
Surgical Case Review	Review of podiatric surgical indications, procedure selection, expected risks, informed consent issues, post-operative complications, hardware concerns, nonunion/malunion, infection, and revision recommendations.	Surgical appropriateness, complication, causation, standard-of-care, prognosis, and future-care analysis.
Peer Review / Utilization Review / IRO Support	Medical necessity review for podiatric treatment, diagnostics, wound care, bracing, orthotics, injections, therapy, durable medical equipment, and surgical requests.	Independent review of appropriateness, necessity, guideline consistency, and podiatric standard of care.
Podiatric Standard-of-Care Review	Alleged delay in diagnosis, delayed referral, diabetic foot care, wound management, infection recognition, post-operative follow-up, documentation, and scope-of-practice issues.	Breach/defense analysis, causation, damages connection, preventability, and alternative care-pathway analysis.
Disability / Functional Capacity Review	Short-term disability, long-term disability, occupational limitation, and foot/ankle-related functional-capacity questions.	Restrictions, activity tolerance, work-capacity analysis, durable restrictions, and prognosis within podiatric scope.

2. SUBJECT-MATTER AREAS

Area	Examples
Trauma & occupational injury	Fractures, sprains, tendon/ligament injuries, crush injuries, puncture wounds, contusions, nail-bed trauma, suspected Lisfranc/midfoot injuries, and post-traumatic pain.
Common podiatric disorders	Plantar fasciitis, heel pain, Achilles tendinopathy, neuroma, metatarsalgia, bunions, hammertoes, arthritis, flatfoot/cavus mechanics, hallux limitus/rigidus, ingrown nails, nail dystrophy, fungal nail disease, and pressure lesions.
Diabetic foot & wound care	Diabetic foot ulcers, neuropathy-related wounds, pressure lesions, offloading, debridement rationale, infection risk, advanced wound-care questions, limb-salvage considerations, and amputation-risk analysis.

Area	Examples
Infection & osteomyelitis	Cellulitis, abscess, ulcer-associated infection, suspected osteomyelitis, bone biopsy rationale, imaging/lab correlation, antibiotic/surgical referral issues, and escalation-of-care questions.
Surgical / post-operative matters	Procedure indication, surgical alternatives, surgical timing, post-operative protocols, wound dehiscence, hardware concerns, nonunion/malunion, recurrence, revision considerations, and complication causation.
Biomechanics, gait & orthotics	Gait-related foot/ankle symptoms, work footwear issues, orthotic/bracing needs, AFOs, diabetic shoes/inserts, offloading devices, and activity-limitation analysis.
Diagnostics & imaging correlation	Clinical correlation of podiatric radiographs, MRI/CT/ultrasound reports, vascular/neurologic testing, laboratory findings, and diagnostic sequencing. This is clinical correlation, not a formal radiology overread.

3. QUESTIONS THAT CAN BE ADDRESSED

CAUSATION, DIAGNOSIS, AND MECHANISM

- Whether the claimed mechanism of injury is medically consistent with the diagnosed foot/ankle condition.
- Whether a work event, fall, crush injury, repetitive standing/walking exposure, footwear condition, direct trauma, or puncture injury caused, aggravated, or exacerbated a podiatric condition.
- Whether symptoms, examination findings, imaging, and treatment history support the claimed diagnosis.
- Whether the condition represents acute injury, chronic disease, natural progression, recurrence, or unrelated pathology.

TREATMENT NECESSITY AND REASONABLENESS

- Whether treatment was reasonable, necessary, and related to the claimed injury or condition.
- Whether diagnostic testing, imaging, injections, wound-care services, durable medical equipment, orthotics, bracing, therapy, offloading, or surgical referral was appropriate.
- Whether future podiatric care is likely, reasonable, and causally related.
- Whether prior or proposed care reflects podiatric standard of care and customary clinical pathways.

FUNCTION, RESTRICTIONS, IMPAIRMENT, AND FUTURE CARE

- Maximum medical improvement status and residual objective findings.
- Permanent impairment rating for foot, ankle, toe, and related podiatric conditions using the applicable jurisdictional AMA Guides edition.
- Work restrictions related to standing, walking, climbing, squatting, terrain, protective footwear, wound risk, bracing, offloading, and activity tolerance.
- Return-to-work analysis for full duty, modified duty, light duty, or job-specific restrictions within podiatric scope.
- Future-care analysis for recurrent wounds, diabetic foot risk, orthotics/bracing, surveillance, imaging, therapy, injections, surgical care pathways, or amputation-risk monitoring.

4. REPORT AND CONSULTATION PRODUCTS

Product	Description
IME narrative report	Comprehensive report after examination and record review.
Record-review opinion letter	Focused or comprehensive written opinion based on chart/file review only.
Medical chronology / issue matrix	Organized chronology with diagnoses, treatment milestones, disputed issues, causation flags, and missing-record concerns.
Treatment necessity / peer review report	Opinion on necessity, appropriateness, guideline consistency, and treatment rationale.
Impairment rating report	AMA Guides rating using the applicable edition and required methodology.
Surgical opinion report	Analysis of indication, operative care pathway, post-operative course, complications, revision issues, and causation.
Rebuttal / addendum report	Response to opposing expert, IME, new records, changed assumptions, or supplemental questions.
Case screening consultation	Early merits analysis for counsel, carrier, IME vendor, claim professional, or review organization.
Deposition / trial testimony	Testimony regarding opinions actually reached and disclosed through appropriate reports or consultation.

5. BEST-FIT REFERRALS

- Foot/ankle injury claims where causation, mechanism, diagnosis, treatment necessity, MMI, restrictions, or impairment is disputed.
- Cases involving diabetic foot complications, wound care, infection, osteomyelitis concern, offloading, debridement rationale, limb-salvage issues, or amputation risk.
- Podiatric surgical indication, post-operative complication, revision, or standard-of-care disputes requiring a surgically trained podiatric reviewer.
- Workers' compensation, personal injury, auto, disability, IRO, peer review, utilization review, and expert-witness matters requiring a focused foot/ankle physician opinion.
- Matters where a podiatric specialist opinion is more precise than a general orthopedic, primary-care, or non-specialist review.

6. SCOPE AND PROFESSIONAL BOUNDARIES

SCOPE NOTE

These services are independent review, IME, consulting, and medical-legal opinion services only. They do not create a treating physician relationship. The engagement does not include emergency care, prescribing, longitudinal patient management, or assumption of operative/post-operative care. Surgical matters may be reviewed for indication, causation, standard of care, complication analysis, prognosis, and future-care opinions within podiatric scope.

- Opinions are limited to podiatric medicine and surgery, foot/ankle pathology, diabetic foot care, wound care, lower-extremity biomechanics, and related functional questions within podiatric scope.
- No treating physician relationship or operative-care relationship is created through an IME, record review, or expert-witness engagement.
- Imaging review is clinical/podiatric correlation only; it is not a formal radiology interpretation or radiology overread.
- No legal opinions, vocational opinions, economic opinions, or life-care planning certification opinions are provided unless separately qualified and engaged.
- Opinions remain independent. Requests to alter, shade, suppress, or guarantee opinions are outside the engagement.

7. CONTACT / ENGAGEMENT INFORMATION

Field	Information
Practice / Business Name	United Podiatry, PLLC
Mailing Address	81 Main St Apt #1, Gorham, NH 03581
Phone	(703) 634-9618
Email	arashid@nhfootdoctor.com
Website	footexpertwitness.com
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