

Case Number:	CM13-0001379		
Date Assigned:	06/04/2014	Date of Injury:	08/03/2011
Decision Date:	07/25/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/15/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54-year-old male who reported injury on 08/03/2011. The documentation of 06/25/2013 revealed the injured worker was in the office, post calcaneal injection for the left foot. The injured worker indicated there was improvement but gradually the improvement subsided after about 2 or 3 days. The physical examination revealed the plantar fascia had mild to moderate painfulness and the subcalcaneal pain was mild but the abductor quinti was the most painful and had consistently been the most painful. The treatment plan included a decompression of the distal tarsal tunnel as well as the abductor quinti nerve and a partial 10% plantar fasciotomy to relieve symptoms and a medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 LEFT FOOT TARSA TUNNEL RELEASE, PARTIAL FASCIOTOMY ABDUCTOR QUINTI NERE RELEASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle/Foot Surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Surgery for tarsal tunnel syndrome, Sugery for plantar fasciitis.

Decision rationale: The clinical documentation submitted for review indicated the injured worker had an injection with a limited positive response. The injured worker had positive objective clinical findings. However, there is a lack of documentation of positive electrodiagnostic studies of the tarsal tunnel. This portion of the request would not be supported. California MTUS and ACOEM does not address surgery for plantar fasciitis. As such, secondary guidelines were sought. The Official Disability Guidelines does not recommend surgical intervention until after 6 months to one year of non-surgical intervention. There was a lack of documentation of exhaustion of conservative care. Given the above, the request for 1 tarsal tunnel release, partial fasciotomy abductor quinti nerve release is not medically necessary.

1 MEDIAL CLEARANCE TO INCLUDE EKG/LABS AND HISTORY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.