

Case Number:	CM13-0017776		
Date Assigned:	10/11/2013	Date of Injury:	05/19/2012
Decision Date:	01/17/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/28/2013

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 Licensed in Podiatric 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 physician 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 patient is a 47-year-old female who reported an injury on 05/19/2012 when she was reported to have caught her right foot on bed sheets and tripped on the sheets and fell and struck her right foot against a wooden sofa. She is reported to have felt immediate pain in the right heel and also injured her lower back when she fell. She is noted to have continued pain in the right knee. She is reported to have treated with physical therapy in the past. She complained of constant pain in her right foot, mostly in the right heel. She reported pain when she walked for extended periods of time. On physical exam, the patient is noted to have superficial and deep sensation intact. Deep tendon reflexes were reported to be normal. Her dorsalis pedis and posterior tibial pulses were 2/5 bilaterally and capillary refill was brisk and immediate. There was mild edema noted to the medial right heel with no ecchymosis or erythema. There were changes in skin temperature. There was point tenderness over the plantar medial aspect of the right foot and also pain with compression of the right heel; pain at the plantar fascia insertion. Muscle strength was 5/5 against resistance. There was no crepitus at the ankle joint on range of motion. Range of motion was noted to be normal in all planes. She was noted to ambulate with a slight limp on the right. X-rays performed on that date including lateral and calcaneal axial views of both feet noted no acute fractures. The patient is noted to have treated with a custom orthotic and a night splint. She was also reported to be scheduled to start physical therapy to her right foot. The patient is noted to state that the orthotic devices felt very comfortable. She continued to report sharp, stabbing pain when she first got up in the morning. The patient was given a right heel injection on 05/28/2013 into the plantar medial right foot at the area of maximum pain. On 06/11/2013, the patient reported good relief with the last injec

IMR ISSUES, DECISIONS AND RATIONALES

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

Right foot surgery: Fasciotomy and surgical tenotomy under ultrasound guidance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic), Surgery for plantar fasciitis

Decision rationale: The patient is a 47-year-old female who reported an injury to her right foot on 05/19/2012 when she is reported to have gotten her right foot tangled in bed sheets and to have fallen and struck her right foot on a wooden sofa leg. She is reported to have complaints of ongoing right heel pain. She is noted to have treated conservatively with physical therapy and to have received injections to the plantar fascia with temporary relief with the injection consisting of Traumeel, but no relief with trigger point injections to the right heel with cortisone. She is noted to have treated with custom orthotics which she reported gave her good relief, but she continued to have right heel pain with extended periods of walking. California MTUS Guidelines do not address the request. Official Disability Guidelines state surgery for plantar fasciitis is not recommended and notes surgical intervention may be considered in severe cases when all other treatments fail and notes that surgical treatment should be only considered for patients with persistent severe symptoms refractory to non-surgical interventions for at least 6 to 12 months. As it has not been 12 months since the patient began treatment for her right heel plantar fasciitis, the requested surgery is not indicated. Based on the above, the request for a right foot surgery: fasciotomy and surgical tenotomy under ultrasound guidance is non-certified.