

Case Number:	CM13-0025972		
Date Assigned:	01/10/2014	Date of Injury:	07/01/2010
Decision Date:	06/27/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/16/2013

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 Occupational Medicine 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 patient is a 61 year old male who was injured on 07/01/2010. Mechanism of injury is unknown. Prior treatment history has included physical therapy which helped but symptoms returned and medications. Diagnostic studies reviewed include magnetic resonance imaging (MRI) of the left foot dated 06/01/2013 revealing plantar fasciitis. A progress note dated 12/13/2013 documented the patient with complaints of pain in his feet at all times. The note went on to state that the patient is having a very hard time with walking, working, and his orthotics are not helping. The patient's pain medication does not help. His pain is 9/10 at his worst. Objective findings reveal late midstance pronation bilateral. There is tenderness to palpation at the plantar fascia of the plantar medial aspect of the affected heel with dorsiflexion of the ankle and toes bilateral. Light touch sensation is intact to the right and left foot and ankle. I am unable to elicit Tinel's to the tibial, peroneal or sural nerves.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT FOOT PLANAR FACIOTOMY: Upheld

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Foot and Ankle, Surgery for plantar fasciitis:

Decision rationale: According to the CA MTUS/ACOEM guidelines, "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. According to the Official Disability Guidelines, surgery for plantar fasciotomy is not recommended except as indicated below. There are no randomized trials evaluating surgery for plantar heel pain against a control group have been identified; therefore no conclusions can be drawn. Generally, surgical intervention may be considered in severe cases when other treatment fails. In recalcitrant cases, however, entrapment of the first branch lateral plantar nerve should be suspected. Surgical release of this nerve can be expected to provide excellent relief of pain and facilitate return to normal activity. Nonsurgical management of plantar fasciitis is successful in approximately 90% of patients. Surgical treatment is considered in only a small subset of patients with persistent, severe symptoms refractory to nonsurgical intervention for at least 6 to 12 months. Plantar fasciotomy, in particular total plantar fasciotomy, may lead to loss of stability of the medial longitudinal arch and abnormalities in gait, in particular an excessively pronated foot. The physical examination on 12/3/13 reveals minimal examination findings of tenderness, which is somewhat of a subjective finding, and does not establish clinically significant functional loss. There is a limited treatment history. The medical records do not establish the patient has followed a consistent routine of active stretching exercises and utilization of shoe pads/orthotics. In general, heel pain resolves with conservative treatment. The medical records do not establish the patient has significant and persistent pain and loss of function clearly recalcitrant to non-surgical interventions. The guidelines do not generally recommend surgery for plantar fasciotomy, and this intervention can lead to loss of stability of the medial longitudinal arch and abnormalities in gait, in particular an excessively pronated foot. The requested surgery is not medically necessary and appropriate.