MAXIMUS Federal Services

Case Number:	CM13-0026753		
Date Assigned:	03/14/2014	Date of Injury:	12/01/2007
Decision Date:	04/24/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/18/2013

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 Licensed in Podiatry 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 54-year-old female who reported an injury on 12/01/2007. The injury was noted to have occurred when she slipped at work. Her diagnoses include tarsal tunnel syndrome, reflex sympathetic dystrophy, and plantar fascial fibromatosis. Her symptoms are noted to include left foot and ankle pain. Her physical examination reveals pain with palpation of both heels.

IMR ISSUES, DECISIONS AND RATIONALES

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

ENDOSCOPIC FASCIAL RELEASE LEFT FOOT: 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, Surgery for plantar fasciitis

Decision rationale: According to the Official Disability Guidelines, surgery for plantar fasciitis is not recommended, but may be considered for patients with severe symptoms and failure of conservative treatment for at least 6 to 12 months. The clinical information submitted for review indicates that the patient complains of left foot pain. However, no numeric pain values were provided within the medical records to indicate whether the patient's symptoms are at a severe

level. Additionally, the patient was shown to have had surgery for tarsal tunnel of the left foot on 03/12/2013 followed by 9 visits of postoperative physical therapy from 05/15/2013 to 06/20/2013. However, it is unclear whether the patient has had physical therapy or other conservative treatment for the management of her pain from plantar fasciitis prior to the request for surgery. The clinical note indicates that the patient has persistent chronic pain and lack of response to conservative care; however, evidence of the stated conservative treatment was not provided for review. Therefore, it is unclear which specific conservative treatments the patient has undergone for treatment of her plantar fasciitis pain and whether those treatments have been for at least 6 to 12 months. Based on the above, the patient does not meet the criteria as noted by the Official Disability Guidelines for surgery for plantar fasciitis. As such, the request is non-certified.

WALKING BOOT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ankle and Foot

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

3 MONTHS OF POST OP OV (6 VISITS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ankle and Foot

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.

EKG PREOP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ankle and Foot

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.

LABS PREOP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ankle and Foot

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.