MAXIMUS Federal Services

Case Number:	CM13-0033044		
Date Assigned:	12/11/2013	Date of Injury:	04/29/2009
Decision Date:	02/10/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Padiatry, 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.

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 52-year-old male who reported injury on 04/29/2009. The mechanism of injury was stated to be a tire fell on the back of the patient's right leg. MRI on 04/25/2011 revealed the patient had subtalar osteoarthritis, mild thickening of the proximal plantar fascia approximately 1.5 to 2.0 cm from the calcaneal insert. Plantar fibroma and plantar fasciitis were noted to be within the differential, and probable xanthomatosis changes of the Achilles tendon were noted to be with minimal peritenonitis along with peroneal tenosynovitis. The physical examination revealed the patient had swelling of the ankles, tenderness on palpation of the Achilles tendon insertion, and pain was elicited by the motion of the ankle. The assessment was noted to be arthritis, plantar fasciitis, and tendinitis of the Achilles tendon. The patient was noted to be postsubtalar joint fusion in 2009. The request was made for a fasciectomy, plantar surface, partial (separate procedure).

IMR ISSUES, DECISIONS AND RATIONALES

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

Fasciectomy, plantar surface, partial (separate procedure): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web), 2013, Ankle and Foot Chapter, Surgery for plantar fasciitis.

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 Chapter, Surgery for plantar fasciitis, Online Version.

Decision rationale: Official Disability Guidelines do not recommended surgery for plantar fasciitis except when a patient has persistent severe symptoms refractory to nonsurgical intervention for at least 6 to 12 months. The clinical documentation submitted for review indicated the patient had physical therapy, had an injection, and had an orthotic for the ankle. It is noted that the cortisone injection helped the patient a great deal and that the patient has been taking nonsteroidal anti-inflammatories since 07/2013. The office note dated 09/04/2013 revealed the patient had tenderness to palpation on the Achilles insertion, and pain was elicited by motion of the ankle; however, the patient had a lack of tenderness to the tibialis posterior tendon on the right ankle. Ankle motion was abnormal. The patient was noted to have an MRI on 04/25/2011 which revealed the plantar fascia demonstrated thickening and minimal increased signal approximately 1.2 to 2.0 cm from the calcaneal insertion. There was a mild thickening of the proximal plantar fascia. The clinical documentation submitted for review indicated the patient had a cortisone injection which was very helpful, and was being treated with nonsteroidal anti-inflammatory medications since 07/2013. The clinical documentation submitted for review, however, failed to include that the patient had a failure of the nonsurgical interventions that were being provided. It failed to address the patient's objective response to the treatment provided since 07/2013. Given the above, the request for a fasciectomy, plantar surface partial (separate procedure) is not medically necessary.