

<b>Case Number:</b>	CM13-0040935		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	03/03/2011
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Orthopedic Surgery, has a subspecialty in Shoulder and Elbow 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 50 year old male who reported a work related injury on 03/03/2011, as a result of a fall. Subsequently, the patient presented for treatment of the following diagnosis: Left foot pain, most likely from a plantar fibromatosis. The clinical note dated 09/13/2013 reports the patient presents with complaints of left foot pain rated at a 5/10. The patient reported associated electric-like shock, tingling, and pricking sensation at the plantar mass, approximately from the heel to the midcalf. There was no physical exam noted. The provider documents the patient has a mass on the plantar fascia of the foot that has been impinging on the tibial nerve, causing much of the patient's neuritic pain. The patient underwent initial surgery, which was done by resecting the entire slip of the plantar fascia to eliminate recurrence.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Removal of mass, left foot:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC Guidelines Foot/Ankle 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) Foot and Ankle chapter, Surgery for plantar fasciitis.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review fails to evidence a recent thorough physical exam of the patient's left foot, documenting any significant objective findings of symptomatology as noted in a decrease of function to the left foot. In addition, the clinical notes failed to document the patient's recent utilization of conservative treatment. The provider documented the patient has nerve pain due to compression of a mass upon the plantar medial nerve; however, submission of any recent imaging studies of the left foot, or electrodiagnostic studies to show any nerve deficits, were not submitted for review. Official Disability Guidelines indicate surgical treatment is considered in only a small subset of patients with persistent severe symptoms refractory to nonsurgical interventions. Given all the above, the request for removal of mass left foot is not medically necessary or appropriate.