

Case Number:	CM13-0070090		
Date Assigned:	01/17/2014	Date of Injury:	07/29/2013
Decision Date:	06/19/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/24/2013

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 Podiatric Surgery and is licensed to practice in New York. 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:

According to the enclosed information this patient suffered a left foot injury on 7/29/2013. On 8/21/2013 patient was seen for injury to his left foot. The patient reported that the left foot pain is noted to the plantar aspect of the left heel and can range anywhere from 3 to 8 out of 10. The pain is intermittent and most notable upon first steps in the morning. Physical exam reveals negative edema, negative erythema. Tenderness to the plantar heel left side with painful windlass maneuver. Initial treatment includes anti-inflammatory medication, pain medication, muscle relaxants, rest. On 9/13/2013 patient received a local steroid injection to his left foot for a diagnosis of plantar fasciitis. He has also undergone physical therapy to his left foot as noted from progress notes in chart. On 10/30/2013 it is noted that the patient is still suffering with left foot pain. He is using a cane to walk. The recent MRI reveals mild fasciosis and or tiny tearing of the plantar fascia. Physical exam reveals pain at the fascia upon palpation at the origin of the calcaneus. A diagnosis of plantar fasciitis is noted. The patient states at this visit he would like to consider surgical intervention for his left foot. On 11/13/2013 a request for surgery authorization was placed, in which the physician recommended a left EPF, as well as post operative use of a Dynasplint and post operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT PLANTAR FASCIOTOMY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS: Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377. Decision based on Non-MTUS Citation MTUS Chronic Pain Medical Treatment Guidelines. Non-MTUS: Official Disability Guidelines (ODG) Ankle and Foot, surgery for plantar fasciitis.

Decision rationale: The MTUS guidelines state that surgical considerations for bunions, neuromas and chronic lateral ankle ligament injuries are recommended. The guidelines do state that plantar fasciitis may be treated with a heel donut, local steroid injections, physical therapy, anti-inflammatories, night splints, rigid orthotics, and soft supportive shoes. The enclosed notes do not advise on the effectiveness of patient's physical therapy. He has only received one local steroid injection. There is no documentation as to whether the patient has attempted orthotics or soft supportive shoes. The Official Disability Guidelines (ODG) do not recommend surgery for plantar fasciitis with the exception of very severe recalcitrant cases which have failed conservative treatments for at least 6-12 months. Documentation does not reveal at this point that this patient suffers with a severe recalcitrant case of plantar fasciitis. Therefore, the request for a left plantar fasciotomy is not medically necessary and appropriate.

3 MONTHS RENTAL LEFT FOOT DYNASPLINT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS: Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary..

LEFT FOOT POST-OP INITIAL PHYSICAL THERAPY TWICE A WEEK QUANTITY 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS: Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376, 377. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.