

Case Number:	CM14-0164843		
Date Assigned:	10/09/2014	Date of Injury:	08/06/2012
Decision Date:	11/10/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/07/2014

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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 injured worker is a 40 year old female who was standing behind 2 pallets and was pushed against a wall when a forklift moved the pallets. The date of injury was 08/06/2012. She complained of low back, hip, and bilateral lower extremity pain. An extensive workup was performed. X-rays of the lumbar spine, pelvis, right hip, and both feet and ankles did not show any fractures. MRI scan of the lumbar spine revealed 2mm bulges at L2-3 and L3-4 and a 3mm bulge at L5-S1 with mild left L4-5 neural foraminal narrowing. She complains of burning pain in the buttocks radiating to the feet, and severe plantar fascia pain which improved after epidural steroid injections and sacroiliac joint injection. EMG showed a mild right S1 radiculopathy. The diagnoses included anxiety/ depression, bilateral plantar fasciitis, contusion of heels, Achilles tendinitis, radiculopathy, hip pain, painful gait, and difficulty with weight bearing. MRI of the right ankle revealed mild atrophy of the abductor digiti minimi muscle but was otherwise negative. Treatment included opioids, gabapentin, epidural steroid injections, sacroiliac injections, chiropractic care, physical therapy, acupuncture, orthotics, and assistive devices for ambulation. The disputed issues include a request for surgery, specified as bilateral plantar fascia releases, a knee walker, CAM walker, and 12 post-operative Physical Therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Plantar Fascia release of the bilateral feet (right then left foot): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Section: Surgery for Plantar Fasciitis, Plantar fascia stretch, Heel pads.

Decision rationale: MTUS guidelines refer to conservative treatment for plantar fasciitis including heel donut, soft supportive shoes, and rigid orthotics. Surgery is not listed as an option. ODG guidelines do not recommend surgery except in severe cases when non-operative treatment fails. 90 percent of patients don't need surgery. The few that don't improve may have entrapment of the first branch of the lateral plantar nerve. Plantar fasciotomy may lead to loss of stability of the medial longitudinal arch and result in pronation of the feet with weight bearing. ODG guidelines recommend a silicone insole as the first line of treatment along with stretches of the plantar fascia. In a randomized clinical trial 95 % improved with a silicone insert versus 68% with a custom fabricated orthosis. The diagnosis here is also in doubt in light of the good response to a lumbar epidural steroid injection and some of the evidence is suggestive of S1 radiculopathy. Furthermore, the MRI scan of the right ankle did not show any tear or other pathology at the site of attachment of the plantar fascia to the os calcis. The evidence based guidelines do not support the medical necessity of the requested surgical releases of the plantar fascia as requested.

Knee walker: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Cam walker: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

12 Post- op physical therapy visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.