

Case Number:	CM14-0022937		
Date Assigned:	05/14/2014	Date of Injury:	10/04/2012
Decision Date:	07/10/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/24/2014

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 Licensed in Podiatry 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:

After careful review of the enclosed information, it is noted that the original date of injury for this patient was 10/4/2012. On 10/3/2013 the patient return for evaluation of heel pain, left greater than right. Patient has attended over-the-counter orthotics, stretching, and local steroid injections to painful heels, none of which have alleviated his pain. His heels are most tender after walking. Physical exam reveals tenderness to the plantar medial tubercle of the calcaneus bilaterally. Diagnoses include Achilles tendinitis, plantar fasciitis, and healed fracture second metatarsal. An MRI was recommended for further evaluation, and topical pain medication was dispensed. On 10/31/2013 patient returned for evaluation of left heel pain. The topical medicine was helping a bit. He continues to stretch his foot but the heel pain is still present. Physical exam reveals antalgic gait with continued pain to the plantar medial tubercle of the calcaneus. A plantar fasciitis steroid injection was given today and the results of the MRI were discussed. The MRI revealed a bone lesion to the calcaneus, which was non-aggressive appearing and well circumscribed. Also noted was Achilles tendinitis and flexor tenosynovitis. On 12/5/2013 the patient is still noted to have left heel pain and non-responding to conservative treatments. This patient's podiatrist requested surgical intervention including plantar fasciotomy, postoperative physical therapy, preoperative evaluation by primary care physician, and follow-up evaluation in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT FOOT PLANTAR FASCIOTOMY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

Decision rationale: Upon review of the enclosed information and the pertinent MTUS guidelines for this case, the request for plantar fasciotomy left side is not medically reasonable or necessary at this time. MTUS guidelines state that a referral for surgical consultation may be indicated for patients who have Activity limitation for more than one month without signs of functional improvement. Failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot. Clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. This patient has had an MRI, which did not reveal any pathology to the plantar fascia; therefore, there is no clear imaging evidence of a lesion to the plantar fascia that would benefit from surgical intervention.

PRE-OPERATIVE EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7: Independent Medical Examination and Consultation , page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7: Independent Medical Examination and Consultation , page 127.

Decision rationale: Upon review of the enclosed information and the MTUS guidelines pertinent in this case, the decision for a preoperative evaluation is not reasonable or medically necessary at this time. First and foremost, the MTUS guidelines do not support the need for a plantar fasciotomy, therefore it stands to reason that this patient will not need a medical clearance for that procedure. Regardless, the above-mentioned guidelines also state that a consultation is used to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. A preoperative evaluation is not necessary, as there will be no approved therapeutic management.

POST-OP PHYSICAL THERAPY 6 VISITS OVER 4 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise.

Decision rationale: Upon review of the enclosed information, the request for postoperative physical therapy six visits over four weeks is not medically reasonable or necessary. The MTUS

guidelines do not recommend a plantar fasciotomy in this patient's case; therefore, they would inherently not require post-operative physical therapy. Regardless, MTUS guidelines also state, "an exercise program should include strength, flexibility, endurance, coordination, and education." Patients can be advised to do early passive range of motion exercises at home.