

Case Number:	CM14-0024798		
Date Assigned:	06/13/2014	Date of Injury:	02/13/2007
Decision Date:	07/25/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/27/2014

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 Texas and Colorado. 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 44-year-old female who reported an injury on 02/13/2007. The mechanism of injury was not specifically stated. Current diagnoses include plantar fasciitis, heel spur syndrome, painful gait, clinical tarsal tunnel syndrome, worsening severe low back pain, and worsening antalgic gait. The injured worker was evaluated on 02/05/2014 with significant symptomatology in the bilateral feet. The injured worker was pending authorization for a plantar fasciectomy of bilateral feet. Physical examination revealed normal deep tendon reflexes, intact sensation, 5/5 motor strength, and negative atrophy. Treatment recommendations at that time included authorization for an orthopedic spine consultation and a plantar fasciectomy of bilateral feet. The injured worker underwent an MRI of the left ankle on 12/10/2013, which indicated a heel spur with mild thickening of the fascia.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT FOOT PLANTAR FASCIA RELEASE: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): pp. 374-375. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter, Surgery for plantar fasciitis.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month, failure of exercise programs, and clear clinical and imaging evidence of a lesion. The Official Disability Guidelines state surgical intervention may be considered in severe cases when other treatments have failed. Surgical treatment is considered in only a small subset of patients with persistent, severe symptoms refractory to nonsurgical intervention for at least 6 to 12 months. As per the documentation submitted, the injured worker's physical examination does reveal significant pain in the plantar fascia of bilateral feet and tenderness to palpation of the medial and central bands of the plantar fascia. The injured worker's MRI of the left ankle on 12/10/2013, does indicate mild thickening of the fascia. Previous conservative treatment has included orthotics, injection therapy, night splints, bracing, physical therapy, and acupuncture. Despite an exhaustion of conservative treatment, the injured worker continues to report significant symptomatology in the bilateral feet. Based on the clinical information received and the above mentioned guidelines, the current request can be determined as medically necessary in this case. As such, the request is medically necessary.