

Case Number:	CM14-0039507		
Date Assigned:	06/27/2014	Date of Injury:	05/24/2012
Decision Date:	07/28/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	04/03/2014

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 Podiatry 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 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 57-year-old male who reported an injury on 05/24/2012. The mechanism of injury was not specifically stated; however, it was indicated the injured worker complained of bilateral heel pain due to standing as a machine operator for 12 hours a day. The injured worker underwent an MRI of the left foot on 02/04/2013 which revealed an unremarkable examination of the left foot. The documentation of 11/19/2013 revealed the injured worker had a tender, painful heel with fasciitis in bilateral heels. The injured worker had inverted heels which were in the varus position. The diagnosis included fasciitis in the bilateral heels, heel varus, and abnormal pronation. The treatment plan included a plantar fascia Steindler release and a calcaneal osteotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Calcaneal Osteotomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Ankle and Foot Chapter.

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

Decision rationale: The ACOEM Guidelines indicate that for surgical intervention for hallux valgus, there should be documentation of a failure of conservative treatment including using wider shoes and/or arch supports or aspiration of an overlying bursa. Surgery should not be performed for cosmetic purposes. There was lack of conservative treatments. The treatment for hallux valgus would not be supported. Given the above, the request for calcaneal osteotomy is not medically necessary.

Steindler stripping of right foot: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter, Surgery for Plantar Fasciitis.

Decision rationale: The Official Disability Guidelines indicate that surgery for plantar fasciitis is not recommended except for patients with persistent, severe symptoms refractory to nonsurgical intervention for at least 6 - 12 months. It further indicates that a plantar fasciotomy may lead to the loss of stability of the medial longitudinal arch and abnormalities in gait, and particularly an excessive pronated foot. The clinical documentation submitted for review failed to indicate the injured worker had severe symptoms that were refractory to nonsurgical intervention. There was lack of documentation of the nonsurgical intervention that the injured worker had undergone. As such, the request for Steindler stripping of the right foot is not medically necessary.