

Case Number:	CM14-0040479		
Date Assigned:	06/20/2014	Date of Injury:	07/04/2012
Decision Date:	07/22/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/07/2014

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 Orthopaedic Surgery, 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 claimant is a 62-year-old gentleman who injured his right ankle and knee when his leg became stuck while loading a truck on 07/04/12. The medical records provided for review included the report of an MRI of the ankle dated 05/17/13 that identified calcaneal spurring and osteoarthritic changes with posterior tibialis tenosynovitis and peroneus longus and brevis tenosynovitis. The records indicate that following the date of the MRI, the claimant underwent a June 2013 surgery; the operative report or formal documentation of the specific procedure were not provided. The follow up report of 10/02/13 noted continued right ankle pain, weakness, and numbness. The Physical examination showed restricted range of motion with guarding, 5/5 motor strength and pain with talar tilting and anterior drawer test but no documentation of instability. Plain film radiographs showed a calcaneal heel spur. The recommendation was made for a plantar fascial release in conjunction with a right ankle arthroscopy since conservative treatment had failed. There were no further imaging reports provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Ankle Arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle-Foot (Acute and Chronic), Procedure Summary Arthroscope. Diagnostic Arthroscopy; Procedure Summary Surgery for plantar fasciitis.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: ankle procedure - Arthroscopy.

Decision rationale: The California ACOEM guidelines and supported by the Official Disability Guidelines, do not recommend right ankle arthroscopy. Imaging for review in this case includes an MRI report of May 2013 that was followed by a June 2013 ankle surgery for which the procedure performed and clinical findings were not provided within the records for review. There is no postoperative imaging available for review. There is no clinical correlation between claimant's internal findings and physical examination that would support the acute need of a right ankle arthroscopy. Without documentation of recent care, postoperative imaging, or recent physical examination findings the requested surgical process would not be supported. Therefore, the request is not medically necessary.

Right surgical release for Plantar Fasciitis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle-Foot (acute and chronic) Procedure Summary Surgery for plantar fasciitis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: ankle procedure - Surgery for plantar fasciitis.

Decision rationale: The California ACOEM Guidelines do not address this request. Based on the Official Disability Guidelines, the proposed plantar fascial surgery would also not be supported. Official Disability Guidelines in regards to surgery for plantar fasciitis states that it is not recommended except in severe cases where conservative care has been documented to fail over at least a 12 month period of time. Current clinical records does not demonstrate specific treatment that has been utilized to the plantar fascia in the past 12 months. Without documentation of aggressive conservative care, the acute need of surgical process would not be supported. Therefore the request is not medically necessary.

physical therapy with ankle strapping once a week for eight weeks: 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-Foot ODG Physical Therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The proposed surgery cannot be recommended as medically necessary. Therefore, the request for formal physical therapy is not necessary.

