

Case Number:	CM14-0040482		
Date Assigned:	06/16/2014	Date of Injury:	07/04/2012
Decision Date:	07/17/2014	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 Orthopedic 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:

This 61-year-old male sustained an industrial injury on 7/4/12 when his right knee got stuck between a truck and lift gate while loading a truck. The right ankle MRI of 5/17/13 revealed calcaneal spurring, osteoarthritic changes, posterior tibialis tenosynovitis, and peroneus longus and brevis tenosynovitis. He underwent ankle surgery on 6/19/13 with no indication as to what procedure was performed. The 10/2/13 podiatry final report cited subjective complaints of frequent grade 5-8/10 right ankle pain, weakness, and lateral-dorsal foot and ankle numbness and tingling. Pain increased with prolonged weight bearing activities, initial step, and cold exposure. Rest and elevation provided moderate pain relief. Conservative treatment had included physical therapy and activity limitation with no change. Physical exam findings documented antalgic gait, pain with deep palpation of the right foot consistent with heel spur, taut and painful plantar fascia, and slightly indurated proximal arch region with soft tissue swelling that was slightly warm, erythematous, and painful. Anterior drawer and talar tilt (inversion) were abnormal. There was normal motor function, normal but painful right ankle and hindfoot range of motion, and no muscle atrophy. X-rays findings documented plantar calcaneal heel spurs (3 mm right, 2 mm left), retro-calcaneal heel spurs (5 mm right, 6 mm left), subtalar joint posterior facet hypertrophic changes, talonavicular joint hypertrophic changes, enthesopathy of the ankle and tarsus, and other peripheral enthesopathy. MRI and nerve conduction study findings were not available. The podiatrist opined that maximum medical improvement was achieved status-post surgery on 6/19/13. Authorization was requested for custom molded orthotics, right and left foot/ankle radiographs, surgical release of the first branch of the lateral plantar nerve for right plantar fasciitis, right ankle arthroscopy for other enthesopathy of the ankle and tarsus, continued physical therapy 1x8, and strapping in physical therapy. The 1/27/14 orthopedic report cited right ankle pain 6/10 with tenderness right ankle joint. The diagnosis was right medial malleolus

fracture, status post right ankle surgery 6/2013, and right ankle degenerative joint disease. The treatment plan recommended follow-up with the podiatrist regarding the right ankle with possible future surgery. The 2/20/14 utilization review denied the request for right ankle arthroscopy and surgical release of the first branch of the lateral plantar nerve as there was no documentation regarding the recent arthroscopy procedure or failure to respond to conservative treatments, including injection and orthotic devices. Physical therapy with strapping was non-certified as it would not be reasonable to expect additional physical therapy would be more effective than an independent home exercise program. Certification was provided for custom molded orthotics and right foot/ankle radiographs.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SURGICAL RELEASE, FIRST BRANCH OF LATERAL PLANTAR NERVE:

Upheld

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

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

Decision rationale: Under consideration is a request for right surgical release, first branch of the lateral plantar nerve. The California MTUS does not provide recommendations for plantar fasciitis surgery in chronic cases. The Official Disability Guidelines recommend non-surgical management of plantar fasciitis. Surgical treatment, including surgical release of the first branch lateral plantar nerve, may be considered in only a small subset of patients with persistent, severe symptoms refractory to nonsurgical intervention for at least 6 to 12 months. Guideline criteria have not been met. There is no detailed documentation that recent comprehensive conservative treatment, including injections and orthotic devices, had been tried and failed. Therefore, this request for right surgical release, first branch of the lateral plantar nerve, is not medically necessary.