

Case Number:	CM14-0048047		
Date Assigned:	07/02/2014	Date of Injury:	07/13/2011
Decision Date:	08/01/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/16/2014

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 Surgeon 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 49-year-old female who reported injury on 07/13/2011. The documentation indicated that the injured worker underwent injections, orthotics, physical therapy and modalities. The mechanism of injury was not provided. The injured worker underwent a plantar fascia release. The documentation dated 03/19/2014, revealed that the injured worker had continued symptomatology and the injured worker was significantly worse due to ambulation. The physical examination revealed that the injured worker had a continuation of radiating pain worse to the left foot. The injured worker had a positive Tinel's and Villeaux's sign. The injured worker had difficulty with squatting, crouching, heel walking, and heel standing. The injured worker had significant pain regarding neuropathy of the left foot, with radiating pain along the descending calcaneal nerve branch causing significant difficulty in symptomatology for the injured worker in regards to Baxter's neuropathy. The documentation indicated that the injured worker was utilizing old orthotics, which were completely worn out. They were no longer functional, but medically the physician opined they were better than no orthotics at all. The diagnoses included plantar fascia release of the left foot and tarsal tunnel syndrome bilaterally. The treatment plan included continuation of a necessity for surgical tarsal tunnel relief and posterior tibial nerve decompression of the left foot. Additionally, the treatment plan included orthotic interventions. The injured worker underwent an injection and a peripheral nerve block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tarsal Tunnel Release of the left foot: Upheld

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

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

Decision rationale: The MTUS/ACOEM Guidelines indicate that a surgical consultation may be appropriate for injured workers who have activity limitation for more than one (1) month without signs of functional improvement, failure of exercise programs to decrease range of motion and strength of the musculature around the ankle and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. The clinical documentation submitted for review failed to provide documentation of a failure of exercise program to increase range of motion and strength of the musculature around the ankle and foot. There was a lack of documentation of imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. Given the above, the request for tarsal tunnel release of the left foot is not medically necessary.

Orthotic Intervention: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

Decision rationale: The MTUS/ACOEM Guidelines indicate that rigid orthotics are recommended for the treatment of plantar fasciitis and metatarsalgia. The injured worker had plantar fasciitis. This request would be supported; however, the request as submitted failed to indicate what orthotic intervention was being requested. Given the above, the request for orthotic intervention is not medically necessary.